MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d)

Reg. Dist. No. 307

13032

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Leitersburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 91-7-15

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Washington

(c) City or town Leitersburg (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Barkdoll

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Joseph S. Barkdoll

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1849

8. AGE: Years 91 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Leitersburg Md. (Town, county, and state)

10. Usual occupation House duties

11. Industry or business

FATHER 12. Name Solomon Stepkey

13. Birthplace Wash. Co. Md.

MOTHER 14. Maiden Name Catherine Alber

15. Birthplace Franklin Co. Pa.

16 (a) Informant Mrs. Fannie Smith

(b) Address Hagerstown Md. R.D. #5

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/40 (month) (day) (year)

(c) Cemetery or crematory Green Hill

Location near Waynesboro, Pa.

18 (a) Funeral director Walter E. Grove

(b) Address Waynesboro Pa.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 22 1940, at 8:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/7/40 19 , to 12/22 1940, and that I last saw him alive on 12/22 1940.

Immediate cause of death Asterio sclerotic Cardiovascular Disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury

23. Signature C. W. Lindeman MD M. D. or other

Address Waynesboro Pa. Date signed 12/23/40

This was received from W B newcomer Dep. [illegible]

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73d)

13033

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 yrs.

Hospital, institution, or street address where death occurred: 863 Virginia Ave.

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 863 Virginia Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME Mrs Jennie B. Berger

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of ~~husband or wife~~ Jacob W

6.(c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) Sept 12 - 1856

8. AGE: Years 84 | Months 3 | Days 19. | If less than one day ..... hrs. ..... min.

9. Birthplace Hagerstown Wash Co Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name David Braqunier
13. Birthplace Hagerstown Md.

MOTHER
14. Maiden name Maria Long
15. Birthplace Boonsboro Md.

16. Informant Jacob W Berger

Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jany 3-1941 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K Coffman

Address Hagerstown Md.

19. Jan. 2. 1941 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1940, at 7 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 - 1940, to Dec 31 1940 and that I last saw her alive on Dec 31 - 40 19

Immediate cause of death Chr. Myocarditis

Due to arterio sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 6 yrs

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or ~~other~~

Address Hagerstown Md Date signed 1/1/41

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M)

(1)

(1)

B + D: H-0

RECEIVED
FEB 7 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

CERTIFICATE OF DEATH

13034

Reg. Dist. No. 305

1. PLACE OF DEATH

County: Washington

City or town: Boonsboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2.5 years

Hospital, Institution, or street address where death occurred:

Church St.

How long in hospital or institution? at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Boonsboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Church St.

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: Fannie Olivia Biser

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Harvey G. Biser

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 18, 1867

8. AGE:

Years	Months	Days	If less than one day
73	1	14	..... hrs. ..... min.

9. Birthplace: Near Middletown Frd. Co. Md. (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: Own Home.

FATHER

12. Name: D. S. Kefauver

13. Birthplace: Middletown Frd. Co Md.

MOTHER

14. Maiden name: Virginia Shafer

15. Birthplace: Middletown Frd. Co. Md.

16. Informant: Mrs. S. Pierce King

Address: Boonsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 4. 1940 (month) (day) (year)

Cemetery or crematory: Reformed Cemetary

Location: Middletown Md.

18. Funeral director: Wm. J. Bast & Son

Address: Boonsboro Md.

19. Dec. 4. 1940 (Date rec'd by registrar) William J. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 2" 1940, at 1.30 a.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 29" 1940, to Dec. 2" 1940 and that I last saw h.. alive on Dec. 1" 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: J. Hubert Wade. M.D. (M. D. or other)

Address: Boonsboro Md. Date signed: 12/3/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (460) V

13035

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING — VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 mos.

Hospital, institution, or street address where death occurred:

Wash Co Hospital

How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL and give nearest town)

Street No. 325 So. Mulberry St.

(If rural, give LOCATION)

2.(a) If veteran, name war no

3.(a) FULL NAME Miss Ellen N. Blanchard

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife none

6.(c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Sept 1 - 1866

8. AGE: Years 74 | Months 3 | Days 26 | If less than one day ..... hrs. ..... min.

9. Birthplace Smithsburg Wash. Co Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER 12. Name No Record

13. Birthplace No Record

MOTHER 14. Maiden name No Record

15. Birthplace No record

16. Informant Mrs George Brooks

Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 29-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cem.

Location Hagerstown. Md.

18. Funeral director Andrew K. Cossman

Address Hagerstown Md.

19. Dec 28, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1940, at 9.30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1940 to 12/27 1940 and that I last saw h-ex alive on 12/27 1940

Immediate cause of death	DURATION
Carcinoma Rectum	1 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Inoperable Carcinoma Rectum

Date of op. May 1, 1940

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE J F Lusby M. D. or other

Address 170 W Main St Date signed 12/28/40

Dr Lusby

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13036

Reg. Dist. No. 311

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington County

City or town: Tilghmanton Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 18 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Tilghmanton Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Josiah Sidney Bloom

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Katherine C Bloom

6(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): Aug 2 1881

8. AGE: Years	Months	Days	If less than one day
59	4	22	hrs. min.

9. Birthplace: Tilghmanton Md
(Town, county, and state)

10. Usual occupation: Storekeeper

11. Industry or business

FATHER — 12. Name: Josiah Bloom

FATHER — 13. Birthplace: Md

MOTHER — 14. Maiden name: Elnora Fitch

MOTHER — 15. Birthplace: Md.

16. Informant: Mrs. Elnora Bloom

Address: Tilghmanton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 26 1940 (month) (day) (year)

Cemetery or crematory: Manor Cemetery

Location

18. Funeral director: Edith V Leaf

Address: Williamsport, Md

19. Dec 25 1940 (Date rec'd by registrar) J S Bloom Registrar

Per. Katheryn C. Bloom

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 24 1940, at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death	DURATION
Gun shot-wound	12.24.40
Due to Suicide	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of: 12.24.40

Where did injury occur? Fairplay (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Shot-gun Injured at work?

23. SIGNATURE: C. Robert Wells Deputy Med Ex Wash. Co. Md.
M. D.

Address: Hagerstown, Md. Date signed: 12.24.40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72-d)

CERTIFICATE OF DEATH

13037

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington County

City or town: Hagerstown Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 114 W. Franklin St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Md. Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 114 W. Franklin St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mrs. Mary E. Bloyer

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

B (b) Name of husband or wife: David Albert Bloyer deceased

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 19 1869

8. AGE: Years	Months	Days	If less than one day
70	10	2	____ hrs. ____ min.

9. Birthplace: Clearspring Dist (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Frederick Rubeck

FATHER 13. Birthplace: Clearspring dist.

MOTHER 14. Maiden name: Martha Row

MOTHER 15. Birthplace: Beavercreak Md/

16. Informant: Mrs. Leroy Clopper

Address: 114 W. Franklin St. Hagerstown

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 23 1940 (month) (day) (year)

Cemetery or crematory: Broadfording Cemetery

Location: Near Cearfoss Md

18. Funeral director: Edith V Leaf

Address: Williamsport, Md.

19. Dec 22 19 40 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 21 19 40, at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 19 39, to Dec 21 19 40, and that I last saw her alive on Dec 20 19 40.

Immediate cause of death	DURATION
Uremia	
Due to Arteriosclerotic Cardiovascular Disease	
Senile dementia	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. H. Leatherman M.D. M. D. or other

Address: 154 N. Potomac Date signed: 12-22-40

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-c)

13038

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Washington County
How long in hospital or institution? 1 hr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 423 Fremont
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Shirley Ann Bowman

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Mar 23-1937

8. AGE: Years: 3 | Months: 9 | Days: 2 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Hagerstown, Wash. Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: Charles H. Bowman
13. Birthplace: Hagerstown, Md

MOTHER 14. Maiden name: Calista Dunahugh
15. Birthplace: Hagerstown, Md

18. Informant: Mrs. C. H. Bowman
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 28-1940 (month) (day) (year)
Cemetery or crematory: Rest Haven
Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons
Address: Hagerstown, Md.

19. Dec 27, 1940 (Date rec'd by registrar) Chas H Boevers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 25, 1940, at 12:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____, 19____, to ____, 19____, and that I last saw her alive on ____, 19____

Immediate cause of death	DURATION
Intra cranial hemorrhage,	
shock.	12/25/40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.
Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: Dec. 25 '40
Where did injury occur? Hagerstown (City or town) Wash. (County) Md. (State)
Injured at home, farm, industry, public place (where?): Freemont St.
Means of injury: Hit by auto Injured at work? No

23. SIGNATURE: D. Rohrer & Wells DEPUTY MEDICAL EXAM. WASH. CO., MD.
M. D. or Coroner
Address: Hagerstown, Md. Date signed: 12/26/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

13039

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington.

City or town: Cearfoss -

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 yrs -

Hospital, Institution, or street address where death occurred:

Fairview Rd.

How long in hospital or institution? none.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington.

City or town: Cearfoss

(If outside city or town limits, write RURAL and give nearest town)

Street No. Fairview Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: Daniel Martin Buchanan

3.(b) Social Security Number: no -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower.

6.(b) Name of husband or wife: Louise

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): July 7 - 1857

8. AGE: Years: 83 | Months: 5 | Days: 12 | If less than one day: ...hrs. ...min.

9. Birthplace: Cearfoss Wash. Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Retired

FATHER
12. Name: David L. Buchanan
13. Birthplace: Clay Hide Pa.

MOTHER
14. Maiden name: Barbara Leedy
15. Birthplace: Cearfoss Md.

16. Informant: Mrs. Nancy Dorsey
Address: Hagerstown. Md RFD.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof: Dec 21-1940 (month) (day) (year)

Cemetery or crematory: Dunkard Cemetery

Location: Broadfording Md.

18. Funeral director: Andrew K. Coffman

Address:

19. December 20 1940 (Date rec'd by registrar)

Janet M. Folty, Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 19 1940, at 8 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 19 - dat, 1940, to Dec 19 - 1940 and that I last saw h... alive on Dec 19 - 1940

Immediate cause of death	DURATION
Uremia -	
Due to: Chr Nephritis +	
arteriosclerosis due	
Due to: Prostatic enlargement -	
Other conditions: (History)	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Harvey W. Kretzer M.D. M. D. or other

Address: Hagerstown Md. Date signed 12-19-40.

Dr. Kretzer

CEIVED
JAN 6 1941
REAU V. S.

13940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (126)

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 3 Days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. Midway Road, Route 1.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Grace L. Butts

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: James F. Butts
6.(c) If alive, give age: 39 years
7. Birth date of deceased (mo., day, yr.): Oct 7, 1901.

8. AGE: Years	Months	Days	If less than one day
39	2	14	hrs. min.

8. Birthplace: McKees Rocks- Pennsylvania
(Town, county, and state)
10. Usual occupation: Home work
11. Industry or business

FATHER
12. Name: Thomas Corwell
13. Birthplace: Frederick, Md.

MOTHER
14. Maiden name: Emma Woodring
15. Birthplace: ---------- Pennsylvania.

16. Informant: Thomas Corwell,
Address: Hagerstown, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 23 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Hagerstown
18. Funeral director: Fred W. Kraiss.
Address: Hagerstown, Md.

19. Dec 23, 40 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 21, 1940 at 1"25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 18 1940 to Dec 21 1940 and that I last saw h... alive on Dec 21 1940

Immediate cause of death	DURATION
Bronchopneumonia	12/18/40
Due to Cholelithiasis	3
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Cholelithiasis
Date of op. 12/18/40
Autopsy results: Bronchopneumonia
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: H. L. Porterfield M.D.
M. D. or other
Address: 136 W Washington Date signed: 12/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JAN 6 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

13172

1. PLACE OF DEATH

County Washington Registration Dist. No. 302

Village or City Hagerstown Md No. 122 Concord St., 2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant Carlough If U. S. Veteran, specify WAR .....

(a) Residence: No. 122 Concord St., 2 Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
unknown	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-14-40

7. AGE	Years	Months	Days	If LESS than 1 day, 0 hrs. or ..... min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md (State or country)

FATHER

13. NAME Joseph Luckowitz

14. BIRTHPLACE (city or town) N.J. (State or country)

MOTHER

15. MAIDEN NAME Helen Carlough

16. BIRTHPLACE (city or town) Pa (State or country)

17. INFORMANT mother (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Premises Date 12/10/40, 19

19. UNDERTAKER Father (Address)

20. FILED Jan 2, 1941 Chas H Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) 14 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1940, to 12-14, 1940

I last saw h~~ alive on~~ 12-14, 1940; death is said to have occurred on the date stated above, at 11 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn (4 mo)	

Other Contributory Causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. W. Dietz M. D.

(Address) Hagerstown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

13041

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs.

Hospital, institution, or street address where death occurred: 51 E. Washington St

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 51 E Washington St
(If rural, give LOCATION)

2.(a) If veteran, name war no

3.(a) FULL NAME Miss Damaris V. M. Carlile

3.(b) Social Security Number none

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single.

6.(b) Name of husband or wife: none

6.(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Feby 12-1874

8. AGE: Years 66 | Months 10 | Days 1 | If less than one day ..... hrs. ..... min.

9. Birthplace Moore field Va.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business own home.

FATHER
12. Name James T. Carlile
13. Birthplace Phila. Pa

MOTHER
14. Maiden name Susan Bowers
15. Birthplace Martinsburg. W.Va

16. Informant Miss Anna Carlile

Address Hagerstown. Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Dec 15-1940
(month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown. Md

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. Dec. 14, 1940
(Date rec'd by registrar)

Chas H Bowers
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1940, at 8:30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 28 1940, to Dec 13 1940 and that I last saw her alive on Dec 12 1940

Immediate cause of death: Meningitis, tubercular

Due to

Due to

Other conditions: Thrombosis of popliteal vein
(Include pregnancy within 3 months of death)

Major findings of operations: Popliteal

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Melton Layman M.D.
M. D. or other

Address Hagerstown Md Dec 13-40 Date signed 12/13-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D. Layman

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

13042

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington Co.
City or town Hagerstown Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 years
Hospital, institution, or street address where death occurred:
Wash County Home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington Co.
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. ~~Wash County Home~~ 134 Bloom Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Jack Carter

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1867

8. AGE: Years	Months	Days	If less than one day
73	9	23	..... hrs. ..... min.

9. Birthplace Va
(Town, county, and state)

10. Usual occupation Inmate

11. Industry or business Wash County Home

FATHER 12. Name Jack Carter

13. Birthplace Va

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Harry Hutson

Address Wash County Home

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-10-40 (month) (day) (year)

Cemetery or crematory Bellevue

Location

18. Funeral director John M. Caldwell

Address Hagerstown Md.

19. Dec. 10, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1940 at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 8 1940, to Dec 8 1940

and that I last saw h... alive on Dec 8 1940

Immediate cause of death ..... Coronary Thrombosis ..... DURATION 1 min

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operation .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE J H Bacon M. D. or other

Address Hagerstown Md Date signed 12/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131-2)

13043

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, Institution, or street address where death occurred: 342 North Jonathan St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No.: 342 North Jonathan (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Annie Clark

3.(b) Social Security Number: None (10:30)

4. Sex: Female

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Burnside Clark

6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Dec 8 - 1878

8. AGE: Years 62 Months 0 Days 1 If less than one day ... hrs. ... min.

9. Birthplace: Luray Va (Town, county, and state)

10. Usual occupation: House work

11. Industry or business: at Home

FATHER 12. Name: Walter Terrell

13. Birthplace: Va

MOTHER 14. Maiden name: Lizzie Butler

15. Birthplace: Va

16. Informant: Edith May Clark

Address: 342 North Jonathan St

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12 12 40 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown Md

18. Funeral director: John M. Caldwell

Address: Hagerstown Md

19. Dec. 11, 1940 (Date rec'd by registrar) Chas H Powers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/9th 1940 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to 12 - 9 1940 and that I last saw her alive on 12/8 - 1940

Immediate cause of death: Chronic Endocarditis / Chronic Nephritis — DURATION: 12 / 1

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results: — —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: Victor D Miller M.D. or other

DR. VICTOR D. MILLER
131 W. WASHINGTON, ST
HAGERSTOWN, MD.

Address: Hagerstown Md Date signed: 12/10-1940

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JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (170-a)

13044

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Died in ambulance on way to Wash. Co. Hospital
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Penna. County: Franklin
City or town: Mercersburg, R.R.1 Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Charlotte E. Crist

3. (b) Social Security Number: None

4. Sex: Fem.
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: D. Sylvester Crist
6(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): Oct. 6, 1880

8. AGE: Years: 52 Months: 2 Days: 10 If less than one day: hrs. min.

9. Birthplace: Franklin Co., Pa.
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business

FATHER
12. Name: Fred Stumbaugh
13. Birthplace: Franklin Co., Pa.

MOTHER
14. Maiden name: Ella Shatzer
15. Birthplace: Franklin Co., Pa.

16. Informant: D. S. Crist
Address: Mercersburg, Pa. R.1

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 12-19-40 (month) (day) (year)
Cemetery or crematory: Fairview Cem.
Location: Mercersburg, Penna.

18. Funeral director: F. M. Lininger
Address: Mercersburg, Pa.

19. Dec. 17, 1940 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 16 1940, at 5:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h — alive on 19 .

Immediate cause of death	DURATION
Fractured Skull (open)	12-16-40
Due to Fractured tibia & fibula (left)	12-16-40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 12-16-40
Where did injury occur? Hagerstown (City or town) Wash. (County) Md. (State)
Injured at home, farm, industry, public place (where?): Pa. ave. Street
Means of injury: Auto hit R.R. Train Injured at work?

23. SIGNATURE: D. Robert Wells Deputy Med. Exam. Wash. Co. Md. M. D. or other
Address: Hagerstown, Md. Date signed: 12-17-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 6 1941
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VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (C) (1)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

13045

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Rural - Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wash.

City or town Rural - Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D #4
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME newborn infant Cross

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12/9/40

8. AGE: Years | Months | Days | If less than one day ..... hrs. 30 min.

9. Birthplace Rural-Hagerstown, Wash. Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Gerald W. Cross
13. Birthplace Beaver Creek Md.

MOTHER
14. Maiden name Dolly M. Robison
15. Birthplace Greenscastle Pa.

16. Informant Gerald W. Cross
Address Hagerstown R.F.D. #4

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 10 (month) (day) (year)

Cemetery or crematory Our Premises

Location

18. Funeral director William H Downey
Address Hagerstown Md.

19. Dec. 10. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9th 1940, at 6 15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DEC 9th 1940, to DEC 5th 1940 and that I last saw him alive on DEC 5th 1940

Immediate cause of death Prematurity - about 5 1/2 mo.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Layman, M.D. M. D. or other

Address 113 W Washington St. Date signed Dec 10, '40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (129)

CERTIFICATE OF DEATH

13046

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS.A15

1. PLACE OF DEATH:
County Washington County
City or town Hagerstown Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Washington County
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Williamsport, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Conococheague St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
Grace Virginia Davis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26 1916

8. AGE: Years	Months	Days	If less than one day
24	6	10	hrs. min.

9. Birthplace Williamsport, Md (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Russel Davis
13. Birthplace Greencastle Pa.
MOTHER 14. Maiden name Lula Guessford
15. Birthplace Wilson District. Md
18. Informant Russel Davis
Address Williamsport, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 9 1940 (month) (day) (year)
Cemetery or crematory Greenlawn Cemetery
Location Williamsport, Md
18. Funeral director Edith V. Leaf
Address Williamsport, Md
19. Dec 7 19 40 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1940, at 4:30 AM
21. I ~~CERTIFY~~ that death occurred on the date above stated; that I attended deceased from Nov 5 1940, to Dec 5 1940, and that I last saw h alive on Dec 5 1940.

	DURATION
Immediate cause of death: Peri Typhitis	
Due to Staphylococcus & Colon Typhosa Infection (Enteric)	4 wks
Due to Intestinal Abscess	2 wks
Due to Bronchopneumonia	1 week
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy As above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. F. Young M. D. or other
Address Williamsport Date signed Dec. 7

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JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (115-e)

CERTIFICATE OF DEATH

13047

Reg. Dist. No. 307

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 28 years.
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 5 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 318 Wilson Blvd. W.
(If rural, give LOCATION)
2.(a) If veteran, name war World War Veteran

3. (a) FULL NAME Linn Watson Davison

3. (b) Social Security Number 714-05-6911

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Doris N. Davison
6.(c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) November 4, 1893

8. AGE: Years	Months	Days	If less than one day
47	1	3	...hrs. ...min.

9. Birthplace Marion- Franklin- Pa. (Town, county, and state)
10. Usual occupation Express truck driver
11. Industry or business Am. R. R. Express Co.

FATHER
12. Name Joseph B. Davison
13. Birthplace Franklin Co., Pa.

MOTHER
14. Maiden name Hannah Ovelman
15. Birthplace Franklin Co., Pa.

16. Informant Mrs. Doris N. Davison
Address 318 Wilson Blvd. Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 9, 1940. (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md.

16. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. Dec. 7 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7, 1940, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 30, 1940, to Dec. 7, 1940 and that I last saw him alive on December 6, 1940

Immediate cause of death Peritonitis following abscessed followed by septic emboli

DURATION: Oct. 30 to Dec. 7 1940

Due to, or as a consequence of acute ruptured appendicitis complicated by staphylococcic infection.

DURATION: Dec. 7 1940

Due to

Other conditions Severe hemorrhage from right lingual artery.

DURATION: Nov. 15 1940

(Include pregnancy within 3 months of death)

Major findings of operation Incision of abscess pocket as they developed. Date of op.

Autopsy (Was) (Was not)? Autopsy results As stated in immed. cause death.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. A. Bell M. D. or other
Address Hagerstown Md. Date signed 12/9/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-6

13048

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 mo. 21 days

Hospital, institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 708 George Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Shirley Lee Dawson

3.(b) Social Security Number None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): October 25, 1940

8. AGE: Years 0 | Months 1 | Days 21 | If less than one day ... hrs. ... min.

9. Birthplace Hagerstown- Washington- Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name John G. Dawson
13. Birthplace McKees Rocks, Pa.

MOTHER
14. Maiden name Margie V. Sprankle
15. Birthplace Hagerstown, Md.

16. Informant John G. Dawson
Address Hagerstown, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec. 18, 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

19. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. Dec. 18. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16, 1940 - 2:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/25/40 19 to 12/16/40 19

and that I last saw her alive on 12/16/40 19

Immediate cause of death: Cerebro Spinal Meningitis — DURATION 3 da

Due to

Due to

Other conditions: Spina Bifida — 1 mo 21 da
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M.D. or other

Address Hagerstown Date signed 12/17/40

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VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

13049

Reg. Dist. No. 302

1. PLACE OF DEATH:
County WASHINGTON.
City or town HAGERSTOWN.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: WASH CO
Stay in hospital or inst. (yrs., or mos., or days) 20 HRS.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MARYLAND County WASH.
City or town HANCOCK Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. RFD #1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME BARBARA ANN DIEHL.

3. (b) Social Security Number

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, married, widowed, or divorced SINGLE.
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) SEPT 20 1940
8. AGE: Years | Months 2 | Days 22 | If less than one day hrs. min.
9. Birthplace HANCOCK MD (Town, county, and state)
10. Usual occupation NONE
11. Industry or business
FATHER 12. Name JOHN W DIEHL.
13. Birthplace IOWA.
MOTHER 14. Maiden name GOLDIE M CLINGERMAN
15. Birthplace BED CO PA.
16. Informant JOHN W DIEHL.
Address HANCOCK MD.
17. FAIRVIEW PA (Burial, cremation, or removal. Which?) Date thereof 12/13 40 (month) (day) (year)
Cemetery or crematory FAIRVIEW
Location NEAR INGLESMITH PA
18. Funeral director T P JENKINS.
Address HANCOCK MD.
19. Dec. 12, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/12 1940, at 1:04 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/11 1940, to 12/12 1940, and that I last saw her alive on 12/12 1940.
Immediate cause of death Premature birth. Cwg. R.
Acidosis — DURATION (?)
Due to Dehydration — (?)
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. L. Eden Elm M. D. or other
Address 214 N. Potomac Date signed 12/14/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13050

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 223 S. Locust St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 11 E. 5th St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Margaret Ellen Doering

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Alvin C. Doering
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 20, 1869

8. AGE: Years	Months	Days	If less than one day
71	8	6	____ hrs. ____ min.

9. Birthplace Lime Kiln, Md.
(Town, county, and state)
10. Usual occupation Retired Housewife
11. Industry or business
FATHER 12. Name John Kalbrick
13. Birthplace Germany
MOTHER 14. Maiden name Henretta Kalbrick
15. Birthplace Germany
16. Informant Alvin C. Doering
Address 223 S. Locust St.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 28-40 (month) (day) (year)
Cemetery or crematory Mt. Olivet Cemetery
Location Frederick, Md.
18. Funeral director C. E. Eline & Son
Address Frederick, Md.
19. Dec. 26, 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/20 1940, to 12/26 1940, and that I last saw her alive on 12/26 1940.

Immediate cause of death	DURATION
Chronic Endocarditis	(?)
arterio-sclerosis	(?)
Due to ?	
Due to ?	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations — None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Victor D. Millen
M. D. or other
Address Date signed 12-26-1940

DR. VICTOR D. MILLER
HAGERSTOWN, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (100-C)

CERTIFICATE OF DEATH

13051

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington.
City or town Williamsport
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 yrs.
Hospital, institution, or street address where death occurred: Hag. Wmspt. Pike
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Williamsport
(If outside city or town limits, write RURAL and give nearest town)
Street No. Wmspt. Hag. Pike
(If rural, give LOCATION)
2.(a) If veteran, name war no

3.(a) FULL NAME Mrs Lillian Grace Doub.

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6.(b) Name of husband or wife Edward C.
6.(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept 22 - 1876

8. AGE: Years	Months	Days	If less than one day
64	2	24	....hrs. ....min.

9. Birthplace Hagerstown Washn Md (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business own home
FATHER 12. Name Richard F. Beckley
13. Birthplace Hagerstown Md.
MOTHER 14. Maiden name Virginia A Wolfskill
15. Birthplace Hagerstown Md.
18. Informant Edward C. Doub
Address Williamsport Md
17. Buried (Burial, cremation, or removal. Which?) Date thereof Dec. 18. 1940 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown Md.
18. Funeral director Arthur Cossman
Address Hagerstown Md
19. Dec 18 1940 (Date rec'd by registrar) Mrs C Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1940, at 9 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 5th 1940, to Dec. 16 1940
and that I last saw him alive on Dec. 16 1940

Immediate cause of death	DURATION
Pulmonary Embolus	7/24 day
Due to Phlebitis, left leg, lower third, due to Varicosities	11 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results none.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. M. Zimmerman M. D. or other
Address Williamsport Md Date signed 12/17/40

Dr Zimmerman

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13052

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs.

Hospital, institution, or street address where death occurred: 215 Rowland Ave.

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 215 Rowland Ave

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME David Valentine Doyle.

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: widower.

6.(b) Name of husband or wife: Addie

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feby 14 – 1865

8. AGE: Years 75 | Months 9 | Days 30 | If less than one day ____ hrs. ____ min.

9. Birthplace: Mt Lena Wash. Co Md.

(Town, county, and state)

10. Usual occupation: Stone Cutter.

11. Industry or business: retired.

FATHER

12. Name: David Doyle

13. Birthplace: Mt Lena Md

MOTHER

14. Maiden name: Mary E. Bowman

15. Birthplace: Beaver Creek Md

16. Informant: Mrs Nina Harley

Address: Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof: Dec 15 1940 (month) (day) (year)

Cemetery or crematory: Union Lutheran Cemetery

Location: Maytown. Pa.

18. Funeral director: Andrew K. Coffman

Address: Hagerstown, Md.

19. Dec 14, 1940 (Date rec'd by registrar) Chas H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 13th 1940, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1940, to Dec 12 1940 and that I last saw him alive on Dec 11th 1940

Immediate cause of death	DURATION
Due to Cerebral Hemorrhage	1 wk
Right Sided Hemiphlegia	1 wk
Due to	
Other conditions Arterio sclerosis	5 yrs
Hypertension	5 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Ernest F. Poole M.D. M. D. or other

Address: Hagerstown Md Date signed 12/14/40

Dr. Poole

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Authorization to change date of death, substitute certificate signed by Dr. Ernest /requesting change of date,
F. Poole in Permanent File under "Poole". 1-6-41.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

13053

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: 135 High St
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 135 High St
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Alice V. Dunahugh

3.(b) Social Security Number: none

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Divorced
6.(b) Name of husband or wife: Edward S. Dunahugh
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Feb 28 1869
8. AGE: Years: 71 Months: 9 Days: 25 If less than one day: hrs. min.
9. Birthplace: Chambersburg Franklin Co. Pa. (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: own Home
FATHER 12. Name: David Schrader
13. Birthplace: Chambersburg, Pa.
MOTHER 14. Maiden name: Rosie Bidgonier
15. Birthplace: Hagerstown, md.
16. Informant: Mrs. Mary Weithafer
Address: Hagerstown, md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 28 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown, md
18. Funeral director: H. M. Suter & Sons
Address: Hagerstown, md
19. Dec. 27, 1940 (Date rec'd by registrar) Chas. H. Beaver Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 25 1940, at 8 30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28 1940 to Dec. 25, 1940 and that I last saw h.. alive on Dec. 25, 1940

Immediate cause of death	DURATION
Cancer of Stomach	15 mos.
Due to	
Due to	
Other conditions: Secondary Cancer of Liver	15 mos.

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results: none.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: R. Bowers M.D. M.D. or other
Address: Hagerstown Md Date signed: 12/27/40

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JAN 6 1941
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Dr. Norment

VS A15 (T) (1) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-D) x

13054

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred: 124 Bloom Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. 124 Bloom Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Alexander Neal Edemy

3. (b) Social Security Number: 214-09-1485

4. Sex: Male

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: Maud Edemy
Deceased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 16 - 1880

8. AGE: Years: 60 Months: 1 Days: 22 If less than one day ..... hrs. ..... min.

9. Birthplace: Weaverton Maryland
(Town, county, and state)

10. Usual occupation: Chauffeur

11. Industry or business: Miller Furniture Store

FATHER
12. Name: Rodney Edemy
13. Birthplace: Md

MOTHER
14. Maiden name: Unknown
15. Birthplace: ~~Alexander Edemy Jr~~

16. Informant: Alexander Edemy Jr
Address: 124 Bloom Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec-11-40 (month) (day) (year)

Cemetery or crematory: Red Hill Cemetery

Location: Keedysville Md

18. Funeral director: John M Caldwell
Address: Hagerstown Md

19. Dec 10 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 8th 1940 at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1940 to Dec. 8 1940 and that I last saw him alive on Dec 8th 1940

Immediate cause of death: Carcinoma - Penis. — DURATION: 1 Year

Due to

Due to

Other conditions: Syphilis — ?
(Include pregnancy within 3 months of death)

Major findings of operations: Biopsy - Spring 1940 - Carcinoma - Penis.
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Hugo J Kneleman M. D. or other

Address: Hagerstown Md Date signed: 12/9/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

Reg. Dist. No. 300 13055

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Sharpsburg (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Wash.

City or town Sharpsburg Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John William Eichelberger

3. (b) Social Security Number 217-16-2334 ~~217-16-2335~~

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Margret Eichelberger

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1866

8. AGE: Years 74 | Months 10 | Days 1 | If less than one day hrs. min.

9. Birthplace Dergone Washington Md. (Town, county, and state)

10. Usual occupation Janitor

11. Industry or business Silk Mill

FATHER 12. Name Hamilton Eichelberger

FATHER 13. Birthplace Sharpsburg Md.

MOTHER 14. Maiden name Ann Roulette

MOTHER 15. Birthplace Sharpsburg Md.

16. Informant Mrs. Patterson Roulette

Address Keedysville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12 5 1940 (month) (day) (year)

Cemetery or crematory Mt. View

Location Sharpsburg Md.

18. Funeral director R. I. Earnshaw

Address Keedysville Md.

19. 12-5 1940 (Date rec'd by registrar) C. J. Boyer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Abou Jan 1 1935 to Dec 1 1940, and that I last saw h alive on Dec. 1, 1940 19

Immediate cause of death	DURATION
Ventricular Fibrillation (?)	instant
Due to Chronic Myocarditis	5 yrs.
Due to Hypertension	10 yrs (?)
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Shealy M D M. D. or other

Address Sharpsburg, Md. Date signed 12/4/40.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

13056

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 months
Hospital, institution, or street address where death occurred:
1123 Oak Hill Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 1123 Oak Hill Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: EVANS Hannah C. Evans

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Daniel D. Evans
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): January 23, 1868

8. AGE: Years	Months	Days	If less than one day
72	10	9	..... hrs. ..... min.

8. Birthplace: Schuylkill County, Pa.
(Town, county, and state)
10. Usual occupation: Home Duties
11. Industry or business

FATHER
12. Name: William Fox
13. Birthplace: Schuylkill Co., Pa.

MOTHER
14. Maiden name: Anna Yoder
15. Birthplace: Oley, Pa.

16. Informant: Mrs. Florence Snyder,
Address: 1123 Oak Hill Ave.-Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 5, 1940 (month) (day) (year)
Cemetery or crematory: Odd Fellows Cemetery
Location: Frackville, Pa.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. Dec 4 40 (Date rec'd by registrar) Chas. H. Boward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 2 19 40, at 1.10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 2 19 40, to Dec. 2 19 40
and that I last saw h.. alive on Dec. 2 19 40

Immediate cause of death	DURATION
Acute coronary occlusion	14 hours
Due to: Coronary arteriosclerosis & chronic arterial hypertension	10 years
Due to: Generalized arteriosclerosis	7 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results: Not done
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: John H. Hornbaker M. D.
M. D. or other
Address: 154 W. Washington St Date signed: 12-2-40
Hagerstown, Md.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(117-a)

13057

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or ~~town~~: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs.

Hospital, Institution, or street address where death occurred: Washington Co.

How long in hospital or institution? 4 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or ~~town~~: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No.: 227 West Side ave. (If rural, give LOCATION)

2.(a) If veteran, name war: World war

3.(a) FULL NAME: William A. Everitt

3.(b) Social Security Number: 705-10-5012

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of ~~husband~~ or wife: Elsie Everitt

6.(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): Aug 15 - 1894

8. AGE: Years: 46 Months: 4 Days: - If less than one day: ..... hrs. ..... min.

9. Birthplace: Big Pool, Wash Co. Md. (Town, county, and state)

10. Usual occupation: R.R. Brakeman.

11. Industry or business: W.M.R.R. Co.

FATHER
12. Name: Amos Everitt
13. Birthplace: Big Pool, Md.

MOTHER
14. Maiden name: Ida Armstrong
15. Birthplace: Mercersburg, Pa.

16. Informant: Mrs. W. A. Everitt

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 18-1940 (month) (day) (year)

Cemetery or ~~crematory~~: Rest Haven.

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md.

19. 12/17 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 15 1940, at 6:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 16 19..., to Dec 15 1940 and that I last saw him alive on Dec 15 1940

Immediate cause of death: Lung abscess

Due to: aspiration Aspiration Pneumonia

Due to: Vomiting

Other conditions: Pyloric obstruction Peptic ulcer

(Include pregnancy within 3 months of death)

Major findings of operations: Gastro-enterostomy tomy peptic Date of op. Nov. 25-40

Autopsy results: not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Walter Lowman M.D. M. D. or other

Address: Hagerstown, Md. Date signed 12/16-40

RECEIVED
JAN 6 1941
BUREAU V. S.

13058

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-d)

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 years

Hospital, institution, or street address where death occurred: 223 N Mulberry St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No. 223 N Mulberry (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Emma Fisher

3. (b) Social Security Number None

4. Sex: female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: Charley D Fisher

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 30 1863

8. AGE: Years 77 Months 6 Days 16 If less than one day ..... hrs. ..... min.

9. Birthplace: Page Co. Va. (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: Own home

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: "
15. Birthplace: "

16. Informant: Mrs. Bertha Fisher

Address: Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 18 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown Md

18. Funeral director: Scott F. Minnich & Son

Address: Hagerstown Md

19. 12/17 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 16 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 18 1940, to Dec 16 1940 and that I last saw her alive on Dec 14 1940

Immediate cause of death: Coronary Thrombosis

Due to: Hypertensive Cardio-vascular Disease.

Due to:

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 3 yrs (?)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Sidney Noverstein M. D. ~~or other~~

Address: Jerkstown Md Date signed Dec 17-1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

13059

Reg. Dist. No. 305

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 years
Hospital, institution, or street address where death occurred:
Washington County Home
How long in hospital or institution? 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. Washington County Home
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: William E. Flory

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): September 20, 1859

8. AGE: Years	Months	Days	If less than one day
81	2	26	..... hrs. ..... min.

9. Birthplace: Smithburg- Wash. Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Solomon Flory
13. Birthplace: Smithburg, Md.

MOTHER
14. Maiden name: Mary A. Grant
15. Birthplace: ---------- Virginia

16. Informant: Charles I. Flory
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 19, 1940 (month) (day) (year)

Cemetery or crematory: Smithburg Cemetery
Location: Smithburg, Md.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. Dec 19, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 17, 1940 at 8:00 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 14 1940 to Dec 17 1940
and that I last saw h... alive on Dec 17 1940

Immediate cause of death	DURATION
Chronic Nephritis	
Due to	
Due to	
Other conditions Arteriosclerosis (Senile)	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: J. W. Beachley M. D. or other

Address: Hagerstown Md. Date signed 12/19/40

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-a)

Reg. Dist. No. 304

13060

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Rural Hancock R F D Sideling Hill

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Washington

(c) City or town Hancock, Md. Rural

(If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carl J. Flowers — Carl J. Flowers

3 (b) If veteran, name war

(c) Social Security No. 220-09-9323

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Margaret Flowers

6. (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) March 6, 1906

8. AGE: Years 34 | Months 9 | Days 12 | If less than one day ____hr. ____min.

9. Birthplace ---- Wash. Co, Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business WPA

FATHER 12. Name John Flowers

FATHER 13. Birthplace Wash. Co, Md.

MOTHER 14. Maiden Name Jennie Brady

MOTHER 15. Birthplace Wash. Co., Md.

16 (a) Informant Mrs, Margaret Flowers

(b) Address Hancock, Md. R F D

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21,40 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery

Location Near Hancock, Md. Route 40

18 (a) Funeral director Snyder-Rowland Funeral Home

(b) Address Hancock, Md.

19 (a) 12/20/40 (Date rec'd by registrar) (b) J P Jenkins Registrar

MEDICAL CERTIFICATION

20. Date of death Dec. 18 1940 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death — Duration

Acute Ventricular Fibrillation — 12.18.40

Due to — ____

Due to — ____

Other conditions — ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D. Robert Wells Deputy med. Ex. Wash. Co. Md. M. D. or other

Address Date signed

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93d)

13061

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 86 years

Hospital, Institution, or street address where death occurred: Washington Co. Home

How long in hospital or institution? 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. Wash Co. Home
(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME John Foxenburger

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 4 — 1854

8. AGE: Years 86 | Months 7 | Days 27 | If less than one day ..... hrs. ..... min.

9. Birthplace Hagerstown Wash. Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Adam Foxenburger
13. Birthplace Unknown

MOTHER
14. Maiden name Elizabeth Yeakle
15. Birthplace Unknown

16. Informant Harry Hutson

Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 3-1940 (month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown Md

18. Funeral director Scott F. Minnich & Son

Address Hagerstown Md

19 Dec. 2, 1940 (Date rec'd by registrar) Chas H Rowe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1 1940 at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1940 to Dec. 1 1940 and that I last saw h. 1 alive on Dec. 1 1940

Immediate cause of death: Chronic Arterio Sclerosis — DURATION 5 yrs

Due to

Due to

Other conditions Ch. Myocarditis — 5 yrs
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Bradley M.D.
M. D. or other

Address Hagerstown, Md Date signed 12/8/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 19 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

13062

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 years
Hospital, institution, or street address where death occurred:
1924 Virginia Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1924 Virginia Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Ella Smith Graves

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Benjamin F. Graves
6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): January 2, 1868

8. AGE: Years	Months	Days	If less than one day
72	11	21	...hrs. ...min.

9. Birthplace: Washington County, Md.
(Town, county, and state)

10. Usual occupation: Home Duties

11. Industry or business

FATHER
12. Name: Martin L. Smith
13. Birthplace: Washington County, Md.

MOTHER
14. Maiden name: Martha Rohrer
15. Birthplace: Washington County, Md.

16. Informant: Miss Mary E. Graves
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 26, 1940 (month) (day) (year)
Cemetery or crematory: Keedysville Cemetery
Location: Keedysville, Md.

18. Funeral director: Fred W. Kraiss,
Address: Hagerstown, Md.

19. Dec. 26, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 23, 1940 9:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/15 19.35, to 12/23 19.40
and that I last saw her alive on 12/23 19.40

	DURATION
Immediate cause of death: Diabetes Mellitus	5 yrs
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: F F Lusby M. D. or other
Address: 170 W Way E Date signed: 12/24/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

13063

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WASHINGTON

City or town HAGERSTOWN MD (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: WASH CO HOSPITAL.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State MD County WASH.

City or town HANCOCK Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. FAIRVIEW. ADDN. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME ROSIE L. GRAVES.

3. (b) Social Security Number NONE

4. Sex FEMALE 5. Color or race COLORED 6.(a) Single, married, widowed, or divorced MARRIED.

6 (b) Name of husband or wife DR GEORGE EDWARD GRAVES 6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) NOV 11 1875.

8. AGE: Years 65 Months 1 Days 11 If less than one day ___ hrs. ___ min.

9. Birthplace HANCOCK MD. (Town, county, and state)

10. Usual occupation HOUSEWIFE.

11. Industry or business OWN HOME.

FATHER 12. Name MINOR JOHNSON.

13. Birthplace VIRGINIA.

MOTHER 14. Maiden name NETTIE SWANN.

15. Birthplace WASH CO. MD.

16. Informant DR G. EDWARD GRAVES

Address HANCOCK MD.

17. BURIAL. (Burial, cremation, or removal. Which?) Date thereof DEC 26 1940 (month) (day) (year)

Cemetery or crematory ST THOMAS EPISCOPAL

Location HANCOCK MD.

18. Funeral director T. P. JENKINS.

Address HANCOCK MD.

19. 12-23 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 22nd 1940, 3.15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 7, 1940, to Dec. 22, 1940, and that I last saw h ev alive on Dec. 22 1940.

Immediate cause of death: Uremia. Arteriosclerosis

Due to Chronic Int. Nephritis

Hypertension

Due to Cardiac Failure

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy no

DURATION: 3 days, 2 yrs +, 1 yr. +, 2 yrs +, 1 week

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or other

Address Hagerstown, Md Date signed Dec. 23, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-0)

13064

CERTIFICATE OF DEATH

Reg. Diat. No. 307

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs.

Hospital, Institution, or street address where death occurred:

351 Liberty

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 351 Liberty

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Elizabeth Fisher Griffith

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6.(b) Name of husband or wife: John Griffith

6.(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Mar 18 - 1880

8. AGE:

Years	Months	Days	If less than one day
60	8	16	...hrs. ...min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: John Fisher

13. Birthplace: Germany

MOTHER

14. Maiden name: Margaret

15. Birthplace: Germany

16. Informant: John Griffith

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 7-1940 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md

19. Dec 5, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 4, 1940 at 10:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 27, 1940 to Dec 4, 1940 and that I last saw h[illegible] alive on Oct 29, 1940

Immediate cause of death	DURATION
Chronic myocarditis	4 yrs.
Due to	
Due to	
Other conditions: Chronic arthritis; Gangrene of legs	5 yrs.; 9 months

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: B B Kreitzer M.D. M. D. or other

Address: Hagerstown, Md. Date signed: 12/5/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 6 1941
BUREAU V. S.

Dr. Le Vau

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13065

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington

City or town Beaverdale - Boonsboro R.1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Beaverdale - Boonsboro R.1

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural

(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME George Elmer Gross

3.(b) Social Security Number None

4. Sex	5. Color or Race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Margaret Gross

6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) December - 13 - 1867

8. AGE: Years	Months	Days	If less than one day
72	11	27	..... hrs. ..... min.

9. Birthplace Boonsboro Wash. Co. Md.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER 12. Name Nathaniel Gross

13. Birthplace Boonsboro Wash. Co. Md.

MOTHER 14. Maiden name Manzella Violet

15. Birthplace Rohrersville Md.

18. Informant Harry E. Gross

Address Boonsboro Md. R.1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 12. 1940 (month) (day) (year)

Cemetery or crematory Boonsboro Cemetary

Location Boonsboro Md.

18. Funeral director Wm. J. Bast & Son

Address Boonsboro Md.

19. Dec 12 1940 (Date rec'd by registrar) William J. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1940, at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 10 1940, to Dec. 10 1940 and that I last saw him alive on Dec. 10 1940

Immediate cause of death	DURATION
Angina Pectoris.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. W. Leber M.D. M. D. or other

Address Boonsboro Date signed 12/11/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

13066

Reg. Diat. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 weeks

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 5 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Clearspring

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Brady Leroy Haines

3.(b) Social Security Number: 212-14-6926

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 26, 1921

8. AGE:

Years	Months	Days	If less than one day
19	0	29	..... hrs. ..... min.

9. Birthplace: Washington County, Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER

12. Name: Brady Haines

13. Birthplace: Washington County, Md.

MOTHER

14. Maiden name: Julia Eichelberger

15. Birthplace: Washington County, Md.

16. Informant: Mrs. Julia Yeakle

Address: Clearspring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 28, 1940 (month) (day) (year)

Cemetery or crematory: St. Paul's Cemetery

Location: Clearspring, Md. R D Route 40

18. Funeral director: Snyder-Rowland Funeral Home

Address: Clearspring, Md.

19. Dec 28, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 25, 1940 2:30 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from NOVEMBER 6 1940 to DEC. 25 1940 and that I last saw h[illegible] M. alive on DECEMBER 25 1940

Immediate cause of death	DURATION
LEUKEMIA, Lymphatic, ACUTE	7wks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: NONE

Date of op.

Autopsy results: CONFIRMS Diagnosis.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Curtis Robert Chew M. D.

Address: Clearspring Md Date signed: 12/27/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87C

13067

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 43 years

Hospital, institution, or street address where death occurred: 48 E. Antietam

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wash.

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 48 E Antietam
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Samuel T. Halbach

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Mrs. Bettie V Halbach

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 13 - 1868

8. AGE: Years 72 Months 7 Days 1 If less than one day ..... hrs. ..... min.

9. Birthplace: Williport Wash. Md.
(Town, county, and state)

10. Usual occupation: Retired Merchant

11. Industry or business: Butcherry Business

FATHER
12. Name: John T. Halbach
13. Birthplace: Williamsport Md.

MOTHER
14. Maiden name: Mary J. Basore
15. Birthplace: Williamsport Md

16. Informant: Miss Mary E Halbach
Address: Hagerstown Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Dec 16 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown Md.

18. Funeral director: Scott F Minnich & Son
Address: Hagerstown Md.

19. 12/16/ 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 14 1940 at 7:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1, 1940, to Dec 14, 1940 and that I last saw him alive on Dec 13, 1940

Immediate cause of death: Oedema Lungs

Due to: Paragylis Agitans

Due to: Arterio Schlosser Hypertention

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: A P Stauffer M. D. or other

Address: Hagerstown Md Date signed Dec 14 '40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13068

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington.
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days
Hospital, institution, or street address where death occurred: Wash. Co. Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Pennsylvania County: Fulton
City or town: Harrisonville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME DORIS JENE HESS

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	SINGLE

6.(b) Name of husband or wife
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) Aug 10 1939

8. AGE: Years 1 | Months 4 | Days 8 | If less than one day ... hrs. ... min.

9. Birthplace: Amaranth Fulton Co Pa
(Town, county, and state)
10. Usual occupation: child
11. Industry or business
FATHER
12. Name: Wilbur Hess
13. Birthplace: Amaranth Pa
MOTHER
14. Maiden name: Mildred McKee
15. Birthplace: Amaranth Pa
16. Informant: Jogue McKee.
Address: Amaranth Pa
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 21, 1940 (month) (day) (year)
Cemetery or crematory: Whips Cove
Location: Amaranth Pa
18. Funeral director: J. W. Sipes
Address: Harrisonville, Penn.
19. Dec. 18, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/18 1940, at 1:27 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/16 1940, to ... 19...
and that I last saw her alive on 12/17 1940

Immediate cause of death	DURATION
Disseminated Encephalitis (Post) Infectious	3 days
Due to Infectious Disease	10 days
Due to Probably Erythema Subitum	before
Other conditions	

(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: H. Edwin Blair M. D. or other
Address: 214 N. Pot. St. Date signed: 12/18/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

13069

CERTIFICATE OF DEATH

Reg. Dist. No. 7-306

1. PLACE OF DEATH:

County: Washington

~~City~~ or town: Smithsburg (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

~~Hospital~~, Institution, or street address where death occurred: Water St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

~~City~~ or town: Smithsburg (If outside city or town limits, write RURAL and give nearest town)

Street No.: Water (If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: David Yulee Huyett

3. (b) Social Security Number: none 216 05 1353

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of ~~husband~~ or wife: Susanna

6.(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): Aug 8 - 1873

8. AGE: Years 67 Months 4 Days 20 If less than one day ..... hrs. ..... min.

9. Birthplace: Cavetown, Wash. Co. Md. (Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business: oil Business

FATHER
12. Name: Daniel G. Huyett
13. Birthplace: Cavetown, Md.

MOTHER
14. Maiden name: Emma Merrick
15. Birthplace: Hagerstown, Md.

16. Informant: W. Merrick Huyett
Address: Cavetown, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Dec 31-1940 (month) (day) (year)

Cemetery or ~~crematory~~: Rose Hill

Location: Hagerstown Md.

18. Funeral director: C. M. Suter & Sons
Address: Hagerstown, Md

19. Dec 30th 1940 (Date rec'd by registrar) Geo W. Ferguson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 28 1940 at 8:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 24 1940, to Dec 28 1940 and that I last saw him alive on Dec 28 1940

Immediate cause of death	DURATION
Coronary Thrombosis	30 mts
Due to Arterio Sclerosis	7 yrs
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: G. C. Kohler M. D. or other

Address: Smithsburg Date signed: Dec 30 1940

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-9)

CERTIFICATE OF DEATH

13070

Reg. Diat. No. 382

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years.
Hospital, institution, or street address where death occurred:
710 N. Potomac Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown,
(If outside city or town limits, write RURAL and give nearest town)
Street No. 710 N. Potomac Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: BESSIE G. JACKSON

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Charles E. Jackson
Unknown 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): November 6, 1881

8. AGE: Years 59 | Months 1 | Days 21 | If less than one day ..... hrs. ..... min.

9. Birthplace: Williamsport, Wash., Md.
(Town, county, and state)

10. Usual occupation: Home Duties

11. Industry or business

FATHER
12. Name: George W. Corby
13. Birthplace: Williamsport, Md.

MOTHER
14. Maiden name: Helen V. Kershner
15. Birthplace: Willaimsport, Md.

16. Informant: Mrs. Helen V. Pike
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 30 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss.,
Address: Hagerstown, Md.

19. Dec 30 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 27-1940 4:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11 1940, to Dec. 27 1940
and that I last saw her alive on ..... 19.....

Immediate cause of death	DURATION
Malignancy of rectum	1939
Due to: Fecal fistula	9ept'40
Due to: Acute glomerular nephritis	Dec/27 1940
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Tumor of rectum
Date of op. Aug. 5'40
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? ------ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) No
Means of injury None Injured at work?

23. SIGNATURE: D. Robert Wells, M.D.
M. D. or other
Address: Hagerstown, Md. Date signed: 12/28/40

RECEIVED
JAN 6 1941
BUREAU V. S.

13071

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-g)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 years

Hospital, institution, or street address where death occurred: Wash County Hospital 4

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No. 122 West Charles St. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mary Elizabeth Jackson

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Joseph Jackson

6.(c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: About 50 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Hume Va (Town, county, and state)

10. Usual occupation: House work

11. Industry or business: at Home

FATHER: 12. Name: Unknown

13. Birthplace

MOTHER: 14. Maiden name: Jouana Coumbs

15. Birthplace: Va

16. Informant: Joseph Jackson

Address: 122 W. Charles St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12-16-40 (month) (day) (year)

Cemetery or crematory: Mount Morris Cemetery

Location: Front Royal Va

18. Funeral director: John M Caldwell

Address: Hagerstown Md

19. Dec. 14 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/13/40 19 at 12:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9 1940 19 to Dec 13 1940 and that I last saw her alive on DEC 12 1940

Immediate cause of death: GANGRENE, LEFT FOOT — DURATION: 4-5 DAYS

Due to

Due to

Other conditions: HYPERTENSION, CARDIAC HYPERTOPHY. SYPHILIS FIBROID TUMOR OF UTERUS (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: AS ABOVE

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. Layman M.D. M. D. or other

Address: 113 W Washington St. Date signed: 12/13/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

13072

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH:

County Washington

City or town near Keedysville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? at Home.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town near Keedysville

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME Annie Keets

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6.(b) Name of husband or wife Robert Keets.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) January 26 1898

8. AGE: Years	Months	Days	If less than one day
42	10	8	..... hrs. ..... min.

9. Birthplace near Keedysville Wash. Co. Md. (Town, county, and state)

10. Usual occupation House wife.

11. Industry or business Own Home.

FATHER 12. Name Charles Keets.

13. Birthplace Keedysville Md.

MOTHER 14. Maiden name Alice Thomas

15. Birthplace Keedysville Md.

16. Informant Mrs. Carrie Thomas

Address Keedysville Md. R.1.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Dec. 8. 1940 (month) (day) (year)

Cemetery or crematory Red Hill Cemetary.

Location near Keedysville Md.

18. Funeral director Wm J. Bast & Son

Address Boonsboro Md.

19. Dec 6th 1940 (Date rec'd by registrar) R. R. Keefer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1940 at 7.30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 4 1940 to Dec. 4 1940 and that I last saw her alive on Dec. 4 1940

Immediate cause of death	DURATION
Chronic Myocarditis.	
Due to Involution.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE J. W. LeVan M. D. M. D. or other

Address Boonsboro, Date signed Dec. 5, 1940

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Authorization to add cola of deceased letter in permanent file under G. W. Le Van.
4/8/41 M.Z

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

13073

Reg. Dist. No. 303

1. PLACE OF DEATH:

County: Washington

City or town: Clearspring

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

50 years

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Clearspring

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Ella Kelley

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Frisby Kelley

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 19 1859

8. AGE: Years: 81 | Months: 1 | Days: 9 | If less than one day: hrs. min.

9. Birthplace: Baltimore, Md.

(Town, county, and state)

10. Usual occupation: Home Work

11. Industry or business

FATHER

12. Name: Not Known

13. Birthplace: " "

MOTHER

14. Maiden name: Not Known

15. Birthplace: " "

16. Informant: John Kelley

Address: Clearspring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 31, 1940 (month) (day) (year)

Cemetery or crematory: Mennonite Cemetery

Location: Near Clearspring, Md.

18. Funeral director: Snyder-Rowland Funeral Home

Address: Clearspring, Md.

19. Dec 31 1940 19 40 (Date rec'd by registrar) Joseph W. Myers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 24 19 40, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19

and that I last saw h[illegible] alive on 19

Immediate cause of death	DURATION
CHRONIC MYOCARDITIS	7 YEARS
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: NO

Date of op.

Autopsy results: NO

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Deputy Med. Exam. J. Robert Wells Wash. Co. Md. M. D. or Coroner

Address: Hagerstown, Md. Date signed: 12/30/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 8 1941
BUREAU V. S.

Dr. Draper

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

13074

Reg. Dist. No. 305

1. PLACE OF DEATH:
County Washington
City or town Boonsboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3½ years
Hospital, Institution, or street address where death occurred:
Church St.
How long in hospital or institution? at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Boonsboro
(If outside city or town limits, write RURAL and give nearest town)
Street No. Church St
(If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME Sadie Jane Kephart

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife Luthus L. Kephart
6.(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) April 25 1875

8. AGE: Years	Months	Days	If less than one day
65	7	15	...hrs. ...min.

9. Birthplace Gittlestown Wash. Co. Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER 12. Name Henry Ford.
13. Birthplace Near Boonsboro Wash. Co. Md
MOTHER 14. Maiden name Jeanette Gittle
15. Birthplace Gittlestown Wash. Co. Md.
16. Informant Luthus L. Kephart
Address Boonsboro Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 13. 1940 (month) (day) (year)
Cemetery or crematory Boonsboro Cemetery
Location Boonsboro Md.
18. Funeral director W. J. Bast & Son
Address Boonsboro Md.
19. Dec. 12. 1940 (Date rec'd by registrar) William J. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1940 at 4:10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1— 1940, to Dec 10 1940
and that I last saw h. alive on Dec. 10— 1940

Immediate cause of death	DURATION
Coronary Embolism	Sudden
Due to Chronic Myocarditis	?
Due to	
Other conditions Chronic Cholecystitis	?

(Include pregnancy within 3 months of death)
Major findings of operations None
Date of op. None
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W B Draper M.D.
M. D. or other
Address Boonsboro Md Date signed 12-12-40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13075

Reg. Diat. No. 303

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 yrs.
Hospital, Institution, or street address where death occurred:
656 Summit Ave.
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 656 Summit Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war: no

3.(a) FULL NAME: Mrs Kate K Lingaman.

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow.

6.(b) Name of husband or wife: Joseph.
8.(c) If alive, give age: —
7. Birth date of deceased (mo., day, yr.): Oct 26 1858

8. AGE: Years: 82 | Months: 1 | Days: 21. | If less than one day: hrs. min.

9. Birthplace: Ringtown Schuylkill Co Pa.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Home.
FATHER 12. Name: George Barnbach
13. Birthplace: Ringtown Pa.
MOTHER 14. Maiden name: Hannah Klase
15. Birthplace: Snydertown Pa
18. Informant: Mrs Albert Beyard
Address: Hagerstown Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof: Dec 20 1940 (month) (day) (year)
Cemetery or crematory: Rest Haven Cemetery
Location: Hagerstown Md.
18. Funeral director: Andrew C. Coffman
Address: Hagerstown, Md.
19. Dec 20, 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 17. 1940, at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/17 1940, to 12/17 1940
and that I last saw her alive on 12/17 1940

	DURATION
Immediate cause of death: Chronic Endocarditis	2
" Nephritis	2
Due to: —	
—	
Due to: —	
Other conditions: Fracture of Thigh - accident + (Include pregnancy within 3 months of death)	7-10 days

Major findings of operations: 0
— Date of op.
Autopsy results: 0 —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 12/7-1940
Where did injury occur? Hagerstown (City or town) Md. (County) Md. (State)
Injured at home, farm, industry, public place (where?): Home
Means of injury: Fall Injured at work? no

23. SIGNATURE: Victor D. Miller M. D. or other
Address: DR. VICTOR D. MILLER 151 W. WASHINGTON ST. HAGERSTOWN, MD. Date signed: 12/18-1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. V. Chr. Miller.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83-a

13076

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington County
City or town: Williamsport, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Williamsport, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Fenton Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Harvey Orville Knodle

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Annibell Knodle deceased
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 9 1868

8. AGE: Years	Months	Days	If less than one day
72		4	hrs. min.

9. Birthplace: Tilghmanton Md (Town, county, and state)
10. Usual occupation: Labor
11. Industry or business:
FATHER 12. Name: Mike Mongan
13. Birthplace: Tilghmanton Md
MOTHER 14. Maiden name: Unknown Knodle
15. Birthplace: Tilghmanton Md
16. Informant: Arthur F Knodle
Address: Mapleville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 15 1940 (month) (day) (year)
Cemetery or crematory: Riverview Cemetery
Location: Williamsport, Md
18. Funeral director: Edith V Leaf
Address: Williamsport, Md
19. Dec 14 1940 (Date rec'd by registrar) Mrs E Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 11, 1940, at 4? P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death	DURATION
Cerebral hemorrhage	12/11/40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of: ----
Where did injury occur? ----- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): No
Means of injury: None Injured at work? No

23. SIGNATURE: Dr Robert Wells
DEPUTY MEDICAL EXAM. WASH. CO., MD.
M. D.
Address: Hagerstown, Md. Date signed: 12/14/40

RECEIVED
DEC 26 1940
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (133-6)

CERTIFICATE OF DEATH

13077

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: 600 n. Mulberry st

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 600 n. Mulberry st

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME Miss Mary Elizabeth Lease

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single.

6.(b) Name of husband or wife none

6.(c) If alive, give age —. years

7. Birth date of deceased (mo., day, yr.) Aug 16 1882

8. AGE: Years	Months	Days	If less than one day
58	4	8	hrs. min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own home.

FATHER 12. Name William Lease

13. Birthplace Germany

MOTHER 14. Maiden name Susan C. Hinger

15. Birthplace Germany

16. Informant Mrs Wm Emanuel

Address Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Dec 27-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown. Md

18. Funeral director Andrew K. Cissman

Address Hagerstown. Md.

19. Dec 27, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1940, at 3:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4 1937, to 12/24 1940

and that I last saw h.er alive on 12/24 1940

Immediate cause of death	DURATION
Poly cystic Kidneys	unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results M

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F F Lusby M. D. or other

Address 170 W Wash St. Date signed 12/26/40

Dr Lusby.

RECEIVED
JAN 4 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-B)

13078

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 years.

Hospital, institution, or street address where death occurred: 121 Clarkson Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 121 Clarkson Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME George Washington Lee

3.(b) Social Security Number 214-09-7218

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife Lucy M. Lee

6.(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) March 27, 1888

8. AGE: Years	Months	Days	If less than one day
52	8	4	hrs. min.

9. Birthplace Amherst Virginia
(Town, county, and state)

10. Usual occupation Restaurant Porter

11. Industry or business

FATHER
12. Name George Lee
13. Birthplace ---------- Virginia

MOTHER
14. Maiden name Catherine ---------
15. Birthplace -------- Virginia

16. Informant Mrs. Lucy M. Lee

Address 121 Clarkson Ave. Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 3, 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

19. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Dec. 3, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1940 19 at P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to Dec 1 1940 and that I last saw him alive on Nov 27 1940

Immediate cause of death Carcinoma of prostate — DURATION Sept-1940

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Large hard adherent glands

Date of op. Sep 23 + Oct 3/40

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. D. Campbell M. D. or other

Address Hagerstown, Md Date signed 12/3/40

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-2)

13079

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
965 Virginia Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 965 Virginia Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Male child of Robert Lefever

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 20, 1940

8. AGE:

Years	Months	Days	If less than one day
—	—	—	1 hrs. — min.

9. Birthplace Hagerstown- Wash.- Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Robert Lefever
13. Birthplace Hagerstown, Md.

MOTHER
14. Maiden name Rachael Chilcote
15. Birthplace Huntington Co., Pa.

16. Informant Robert Lefever
Address Hagerstown, Md.

17. Burial Date thereof Dec. 20, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. Dec 20 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20, 1940 6:30 A. M. at M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec. 20 1940, to Dec 20 1940 and that I last saw him alive on Dec 20, 1940

Immediate cause of death — DURATION

Asphyxia — Indef.

Due to Probab. Umbilical cord pressure.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B B Kreisler M.D.
M. D. or other

Address 148 W. Wash St. Hagerstown Md. Date signed 12/20/40

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

13080

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Tilghmanton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Tilghmanton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Ernest D. Lizer

3. (b) Social Security Number 214-09-2929

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Agnes P. Lizer

6.(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) March 16, 1884

8. AGE: Years	Months	Days	If less than one day
56	9	9	hrs. min.

9. Birthplace Washington County, Md.
(Town, county, and state)

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name John Lizer
13. Birthplace Washington County, Md.

MOTHER
14. Maiden name Sarah Geiger
15. Birthplace Washington County, Md.

16. Informant Mrs. Agnes P. Lizer
Address Tilghmanton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 28 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. Dec 28. 1940 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25, 1940 4:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1938, to Dec 25 1940 and that I last saw W.M. alive on Dec. 24 1940

Immediate cause of death	DURATION
Coronary Occlusion	2 yrs.
Due to Coronary disease -	
Due to	
Other conditions Chronic myocarditis	2 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Philip J. Kirshman M. D. or other

Address Hagerstown Md Date signed 12/26/40

RECEIVED
JAN 6 1941
BUREAU V. S.

13081

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 32 years

Hospital, institution, or street address where death occurred: 124 John Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 124 John Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME John William Magaha

3.(b) Social Security Number 214- 09- 7255.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) June 27, 1884.

8. AGE: Years	Months	Days	If less than one day
56	5	10	... hrs. ... min.

9. Birthplace: Shepherdstown W. Va.
(Town, county, and state)

10. Usual occupation: Steward

11. Industry or business: Eagles Club- Hagerstown

FATHER
12. Name: Henry Magaha
13. Birthplace: Shepherdstown, W. Va.

MOTHER
14. Maiden name: Jennie Swain
15. Birthplace: Washington County, Md.

16. Informant: Mrs. George Hicks (Sister)
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 8, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. Dec. 7, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 6, 1940, at 1:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18, 1940, to Dec. 6, 1940 and that I last saw him alive on December 5, 1940

Immediate cause of death: Hypertensive cardio-vascular-renal disease.

Due to

Due to

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

DURATION: May 18 to Dec. 6 1940

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: R. A. Bell M. D. or other

Address: Hagerstown Md. Date signed 12/7/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 6 1941
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VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-g

CERTIFICATE OF DEATH

13082

Reg. Dist. No. 382

1. PLACE OF DEATH:

County Washington County

City or town Hagerstown Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Downsville Md Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Earl Malott

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Baby

6 (b) Name of husband or wife Baby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13 1940

8. AGE:

Years	Months	Days	If less than one day
0	6	4	hrs. min.

9. Birthplace Downsville Md
(Town, county, and state)

10. Usual occupation Baby

11. Industry or business

FATHER
12. Name Earl Malott
13. Birthplace W. Va.

MOTHER
14. Maiden name Hattie Virginia Cline
15. Birthplace Downsville Md

16. Informant Earl Malott
Address Downsville Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec 19, 1940 (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Williamsport, Md.

18. Funeral director Edith V Leaf
Address Williamsport, Md

19. Dec. 18, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/12 1940, at 11:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/16 1940, to 12/12 1940, and that I last saw him alive on 12/16 1940.

Immediate cause of death	DURATION
Acidosis	12 hrs.
Anhydremia	?
Due to Chronic Vomiting	
Due to probably Pylorospasm	?
Other conditions Pylorospasm	

(Include pregnancy within 8 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address 214 N. Prt St. Date signed 12/18/40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (170-C)

13083

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
County Washington
City or town near Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Automobile
Hospital, institution, or street address where death occurred: accident at St Pauls.
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington.
City or town Clearspring.
(If outside city or town limits, write RURAL and give nearest town)
Street No. Wmspt - Clspg. Pike -
(If rural, give LOCATION)
2.(a) If veteran, name war no

3.(a) FULL NAME Robert Herman Moore

3.(b) Social Security Number 220-09-7795

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White.	Single.

6.(b) Name of husband or wife none
6.(c) If alive, give age —. years
7. Birth date of deceased (mo., day, yr.) November 7 - 1918

8. AGE: Years	Months	Days	If less than one day
22	1	—	hrs. min.

9. Birthplace Clearspring, Wash. Co. Md.
(Town, county, and state)
10. Usual occupation Mechanic.
11. Industry or business Automobile.

FATHER
12. Name J. Herman Moore
13. Birthplace Clearspring Md.

MOTHER
14. Maiden name Persona E Small
15. Birthplace Clearspring Md.

16. Informant J. Herman Moore
Address Clearspring Md.

17. Burial Date thereof Dec. 9, 40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Pauls Cemetery near
Location St. Pauls R#40 Hagerstown Md

18. Funeral director Andrew K. Coffman
Address Hagerstown Md

19. Dec. 8th 1940 Lesley M. Foelcher
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7 1940, at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Open fracture skull (rt Frontal) shock	12/7/40
Due to Simple fracture left clavicle	12/7/40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of Dec/7/40
Where did injury occur? ten M. West of Hagerstown Wash. Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) St. Paul, Md. U.S. #40
Means of injury Auto collision Injured at work? no

23. SIGNATURE J. Robert Wells
DEPUTY MEDICAL EXAM. WASH. CO., MD.
M. D. or other
Address Hagerstown, Md. Date signed 12/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13084

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Washington Co
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 124 E. Prospect St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Premature Child (Munson)

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	—

6.(b) Name of husband or wife: —
6.(c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.): —

8. AGE: Years: — Months: — Days: — If less than one day: hrs. min.

9. Birthplace: Hagerstown, Wash Co., Md
(Town, county, and state)
10. Usual occupation: —
11. Industry or business:

FATHER
12. Name: Donald R. Munson
13. Birthplace: Hagerstown, Md.

MOTHER
14. Maiden name: Mebis Rider
15. Birthplace: Baltimore, Md.

16. Informant: D. R. Munson
Address: Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 19-1940 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown, Md.
18. Funeral director: C. M. Suter & Sons
Address: Hagerstown, Md.
19. Dec 19, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 18, 1940, at 6:15 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 18, 1940 to December 18, 1940 and that I last saw h~~e~~ alive on December 18, 1940

Immediate cause of death	DURATION
Premature birth	
Due to (6 months gestation)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: P B Norment MD M. D. or other
Address: Hagerstown Md Date signed: Dec 18 1940

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JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (102)

13085

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: Washington

City or town: Smithburg, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 39 Years.

Hospital, institution, or street address where death occurred: Smithburg, Md.

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Smithburg, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Smithburg, Md.
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME: Samuel H. Murray

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Fannie B. Murray

6.(c) If alive, give age: 80 years

7. Birth date of deceased (mo., day, yr.): Feby. 17, 1858

8. AGE: Years	Months	Days	If less than one day
82	9	18	..... hrs. ..... min.

9. Birthplace: Shanktown- Wash. Co., Md.
(Town, county, and state)

10. Usual occupation: Lbeorer

11. Industry or business

FATHER
12. Name: Jackson Murray
13. Birthplace: Wash. Co., Md.

MOTHER
14. Maiden name: Nancy B. Bowman
15. Birthplace: Wash. Co., Md.

16. Informant: Mrs. Mary Witmer,
Address: Smithburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 8, 1940 (month) (day) (year)

Cemetery or crematory: Smithburg Cemetery

Location: Smithburg, Md.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. Dec. 7 1940 (Date rec'd by registrar) Geo. W. Ferguson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 5, 1940 11:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 24 1940 to Dec 5 1940 and that I last saw him alive on Dec 5 1940

Immediate cause of death	DURATION
Lobar pneumonia + Bacteremia	11 Days
Due to: Type 2 pneumococcus pneumonia	
Due to: ✓	
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings of operations: ✓

Date of op. .....

Autopsy results: ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of .....

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ✓ Injured at work? ✓

23. SIGNATURE: G. G. Holler M. D. or other

Address: Smithburg Date signed: 12/5/40

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JAN 6 1941
BUREAU V. S.

S.S. # added 1/9/41, on letter from Chas. H. Bowers

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (54B) X

Reg. Dist. No. 302

13086

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Hagerstown (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Washington County Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Washington

(c) City or town Hancock, (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Preston Myers

3 (b) If veteran, name war

3 (c) Social Security No. 213-10-8294

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9 1903

8. AGE: Years 37 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Washington County, Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Levi V. Myers

13. Birthplace Washington County, Md.

MOTHER

14. Maiden Name Ida M. Souders

15. Birthplace Washington County, Md.

16 (a) Informant Levi V. Myers

(b) Address Hancock, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19-40 (month) (day) (year)

(c) Cemetery or crematory River View Cem.

Location Hancock, Md.

18 (a) Funeral director Snyder-Rowland Funeral Home

(b) Address Hancock, Md.

19 (a) Dec 18, 1940 (Date rec'd by registrar) (b) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. Date of death December 17 1940, at 1:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1940, to Dec 17 1940, and that I last saw him alive on Dec 17 1940

Immediate cause of death Haemorrhage into and invasion of spinal cord. — Duration 8 hrs

Due to ~~Lymphosarcoma~~ — ?

Due to Lymphosarcoma

Other conditions Ascites; Metastasis to liver, gall bladder, peritoneum (Within 6 months of death) — 8 days

Major findings:

Of operations sarcoma

Of autopsy Lymphosarcoma as above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. J. Layman, M.D. (M. D. or other)

Address 113 W. Washington St. Date signed Dec 18, 1940

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JAN 6 1941
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13087

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 yr.
Hospital, Institution, or street address where death occurred:
440 Salem ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 440 Salem ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Effie Grace Peddicord

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single

6.(b) Name of husband or wife: —
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): May 17 - 1869

8. AGE: Years 71 | Months 6 | Days 27 | If less than one day: hrs. min.

9. Birthplace: Thurmont, Fred. Co. Md. (Town, county, and state)

10. Usual occupation: Ret. Housekeeper.

11. Industry or business

FATHER — 12. Name: Joseph Peddicord
13. Birthplace: Md.

MOTHER — 14. Maiden name: Loretta Eyler
15. Birthplace: Md.

16. Informant: Mrs. Chas. F. Schindel
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 17-1940 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown, Md

18. Funeral director: C. M. Suter & Sons
Address: Hagerstown, Md.

19. 12/17/40 (Date rec'd by registrar) Chas. H. Boerner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 14, 1940, at 8:48 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4, 1940, to Dec 14, 1940
and that I last saw her alive on Dec. 13, 1940

Immediate cause of death	DURATION
Chronic Myocarditis	5 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: B B Kreisher, M. D. or other
Address: Hagerstown Md. Date signed: 12/14/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95a)

13088

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WASHINGTON

City or town Near State Line
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Near State Line Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME ANNA M. PENSINGER

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife William J Pensinger

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18. 1857

8. AGE: Years 83 Months 4 Days 12 If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Hand

11. Industry or business

FATHER
12. Name John H Shirk
13. Birthplace —

MOTHER
14. Maiden name Sarah Gettle
15. Birthplace —

18. Informant

Address State Line Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Jan 2 1941
(month) (day) (year)

Cemetery or crematory Cedar Hill

Location Greencastle Pa

18. Funeral director A.E. Minnich

Address Greencastle Pa

19. Dec. 31 1940
(Date rec'd by registrar)

Janet M. Foltz
Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1940, at 12.16 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 12 1940, to Dec 30 1940, and that I last saw her alive on Dec 30 1940.

Immediate cause of death: Follicular Carditis, possibly Died with blockheart

Due to

Due to

Other conditions Not any
(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy No

DURATION 2 mo

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm Allan Brown
M. D. or other

Address 164 W Wash Date signed 12-31-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

164 W. Washington

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

13089

Reg. Dist. No.

1. PLACE OF DEATH:

County Washington County

City or town Williamsport, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Still Born Female Redman

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	------

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Williamsport, Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Frank Redmand
13. Birthplace Williamsport, Md

MOTHER
14. Maiden name Laura S Green
15. Birthplace Williamsport, Md

16. Informant Frank Redmond
Address Williamsport, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 18 1940 (month) (day) (year)

Cemetery or crematory Riverview Cemetery

Location Williamsport, Md

18. Funeral director Edith V Leaf
Address Williamsport, Md

19. Dec 18 1940 (Date rec'd by registrar) Mrs E Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Still Born 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 18 1940, to Dec 18 1940,

and that I last saw h alive on 19

Immediate cause of death Still Born 6 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Williamsport Md Date signed 12-18-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13090

Reg. Dist. No. 301

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Washington County

City or town: Williamsport, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Williamsport, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Still Born Male. Redmond

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M.	C.	—

B (b) Name of husband or wife

B (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec 18 1940

8. AGE: Years | Months | Days | If less than one day: hrs. min.

9. Birthplace: Williamsport, Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Frank Redmond
13. Birthplace: Williamsport, Md

MOTHER
14. Maiden name: Laura S Green
15. Birthplace: Williamsport, Md

16. Informant: Frank Redmand
Address: Williamsport, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 18 1940 (month) (day) (year)

Cemetery or crematory: Riverview Cemetery

Location: Williamsport, Md

18. Funeral director: Edith V Leaf

Address: Williamsport, Md

19. Dec. 18 1940 (Date rec'd by registrar) Mrs E Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Still Born 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 18 1940 to Dec 18 1940, and that I last saw him alive on dead 19

Immediate cause of death	DURATION
Still Born. 6 mos.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. M. Redmond M. D. or other

Address: Williamsport Md Date signed 12-18-40

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

13091

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Maugansville.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 32 yrs.
Hospital, institution, or street address where death occurred:
Maugansville.
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Maugansville
(If outside city or town limits, write RURAL and give nearest town)
Street No. Salem
(If rural, give LOCATION)
2.(a) If veteran, name war no

3. (a) FULL NAME Mrs. Sibyl K. Rice.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6.(b) Name of husband or wife Harvey E.
6.(c) If alive, give age: 59 years
7. Birth date of deceased (mo., day, yr.) Aug 6 - 1876

8. AGE: Years	Months	Days	If less than one day
64	4	5	hrs. min.

9. Birthplace Greencastle Franklin Co. Pa. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business —
FATHER 12. Name Sam'l E. Kuhn.
13. Birthplace Greencastle Pa
MOTHER 14. Maiden name Mary Alice Leshen
15. Birthplace Waynesboro Pa
16. Informant Harvey Rice
Address Maugansville Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Dec 14 1940 (month) (day) (year)
Cemetery or crematory Cedar Hill Cemetery
Location Greencastle Pa
18. Funeral director Andrew K. Cossman
Address Hagerstown. Md.
19. December 13 1940 (Date rec'd by registrar) Janet M. Felty, Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1940, at 11 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 26 1940, to Dec 11 1940, and that I last saw her alive on Dec 10 1940

Immediate cause of death	DURATION
Cerebral Embolism	
Due to Hypertension (Cerebral) Arteriosclerosis	
Due to Chronic Nephritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A P Stouffer M. D. or other
Address Hagerstown, Md. Date signed Dec 13/40

Dr. A.P. Stouffer.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (169)

13092

CERTIFICATE OF DEATH

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 yrs.

Hospital, institution, or street address where death occurred:

Penna R. R. yard.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 149 W. Franklin

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Arden E. Roane

3.(b) Social Security Number: 719-05-6038

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Anna A. Roane

6.(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): July 5 - 1887

8. AGE: Years: 53 Months: 5 Days: 2 If less than one day: hrs. min.

9. Birthplace: West Point, King William Co., Va.

(Town, county, and state)

10. Usual occupation: Brakeman

11. Industry or business: N & W. R.R. Co

FATHER

12. Name: Leonidas Roane

13. Birthplace: King Co, Va

MOTHER

14. Maiden name: Anna E. Hart

15. Birthplace: West Point, Va.

16. Informant: Arden Roane, Jr.

Address: Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 12-1940 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: C. M. Lutz & Son

Address: Hagerstown, Md

19. Dec 12, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 7, 1940, at 7:52 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw him alive on ..... 19.....

Immediate cause of death: Bilateral crushed amputation of upper thighs. Hemorrhage and shock. — DURATION: 12/7/40

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: Dec. 7 '40

Where did injury occur? Hagerstown (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?) Pa. R.R. Yard

Means of injury: Run over by train Injured at work? No

23. SIGNATURE: J. Roberts Wells DEPUTY MEDICAL EXAM WASH. CO., MD.

M. D. or other

Address: Hagerstown, Md. Date signed: Dec/12/

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

13093

CERTIFICATE OF DEATH

Reg. Dist. No. 30-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 62 years
Hospital, Institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 2 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wash.
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 101 W. Irvin ave
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: George W. Sechrist

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 22 1869

8. AGE: Years	Months	Days	If less than one day
71	10	8	hrs. min.

9. Birthplace: New Berlin PA
(Town, county, and state)
10. Usual occupation: Plano Tuner
11. Industry or business:
FATHER 12. Name: Israel Sechrist
13. Birthplace: Shrewsbury, Pa
MOTHER 14. Maiden name: Mary J. Solomn
15. Birthplace: New Berlin Pa
16. Informant: Dr. L. L. Roy Watkins
Address: Hagerstown Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 1 1941 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown Md
18. Funeral director: Scott F Minnich Son
Address: Hagerstown Md.
19. Dec 31, 1940 (Date rec'd by registrar) Chas F Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 30 1940 at 5:08 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1940, to Dec 30 1940
and that I last saw h.i.m. alive on Dec 27 1940

Immediate cause of death	DURATION
Coronary occlusion	1 day
Due to: arteriosclerosis - General	
Due to:	
Other conditions: Diabetes mellitus	months

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Lloyd C. Hoffman M.D.
M. D. or other
Address: 214 N Potomac St. Date signed: 12-31-40

Hoffman

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-F)

13094

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 14 yrs.
Hospital, Institution, or street address where death occurred:
727 Virginia Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 727 Virginia Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war No

3.(a) FULL NAME William Luther Shank.

3.(b) Social Security Number 705-10-7723.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6.(b) Name of husband or wife Nellie.
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feby 23 - 1877

8. AGE:

Years	Months	Days	If less than one day
63	9	27.	..... hrs. ..... min.

9. Birthplace Indian Springs, Washington Co. Md.
(Town, county, and state)
10. Usual occupation Engineer.
11. Industry or business W. Md. R R.

MOTHER FATHER
12. Name Henry Shank.
13. Birthplace Indian Springs, Md.
14. Maiden name Catherine Huntsman
15. Birthplace Indian Springs.

16. Informant Mrs. W. L. Shank
Address Hagerstown Md.

17. Burial. Date thereof Dec 23-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman
Address Hagerstown Md.

19. Dec 23, 1940 Chas. H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1940, at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-20-40 19..... to 12/20/40 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Cancer of Brain	4 mos.
Due to Cancer of liver	1 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....
Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Earl Young M.D.
M. D. or other
Address ..... Date signed .....

Dr. Earl Young.

RECEIVED
DEC 31 1940
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (44c)

CERTIFICATE OF DEATH

13095

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Chewsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 yrs.

Hospital, Institution, or street address where death occurred:

Chewsville

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Chewsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. Chewsville Pike

(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME Ralph Unger Shilling

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6.(b) Name of husband or wife Alice Longnecker

6.(c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) March 30-1902

8. AGE: Years	Months	Days	If less than one day
38	8	4.	...hrs. ...min.

9. Birthplace Old Forge Wash. Co Md.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Walter Shilling

13. Birthplace Chewsville Md

MOTHER 14. Maiden name Eva Unger

15. Birthplace Castetown Md

16. Informant Mrs. Ralph U. Shilling

Address Chewsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 5-1940 (month) (day) (year)

Cemetery or crematory Smithsburg Cem.

Location Smithsburg Md

18. Funeral director Andrew K. Duffman

Address Hagerstown. Md

19. Dec. 4 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION 5:45

20. DATE OF DEATH December 3 1940, at [illegible] M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ...19..., to ...19...

and that I last saw h...im...alive on ...19...

Immediate cause of death	DURATION
Gun shot wound penetrating skull	12/3/40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 12/3/40

Where did injury occur? Chewsville (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home--hay loft in barn

Means of injury Gun shot Injured at work? No

23. SIGNATURE J. Robert Wells DEPUTY MEDICAL EXAM. WASH. CO. MD. M. D. or C.

Address Hagerstown, Md. Date signed 12/3/40

RECEIVED
DEC 10 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1754

CERTIFICATE OF DEATH

13096

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? since 7 das.
Hospital, Institution, or street address where death occurred:
Wash. Co Hospital
How long in hospital or institution? 7 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Clearspring
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D. 1
(If rural, give LOCATION)
2.(a) If veteran, name war no

3.(a) FULL NAME Dean Richard Shoemaker.

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single.

6.(b) Name of husband or wife none

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 21 - 1940

8. AGE: Years — Months 4 Days 3 If less than one day ... hrs. ... min.

9. Birthplace Clearspring Wash. Co Md. (Town, county, and state)

10. Usual occupation none

11. Industry or business ""

FATHER
12. Name Samuel Richard Shoemaker
13. Birthplace Clearspring md

MOTHER
14. Maiden name Pauline Pile
15. Birthplace Upton Pa

16. Informant S. R. Shoemaker
Address Clearspring Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Dec 26 1940 (month) (day) (year)

Cemetery or crematory St Pauls Cem
Location Near Clearspring Md

18. Funeral director Andrew E. Coffman
Address Hagerstown, Md

19. Dec. 26, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 18 1940, to Dec. 24 1940 and that I last saw h. alive on Dec. 24 1940

Immediate cause of death	DURATION
Suffocation	12-24-40
Due to aspiration of food into lungs	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op. ...

Autopsy results Stomach contents in branches

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE Lloyd A. Hoffman M.D. M. D. or other
Address 214 N. Potomac St. Date signed 12-24-40

Dr. Hoffman

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

13097

Reg. Dist. No. 7-306

1. PLACE OF DEATH:

County Washington

City or town Smithsburg Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 83 - 6 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Smithsburg, Maryland Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Anna (Masters) Slick

3. (b) Social Security Number

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: William Slick

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 4, 1857

8. AGE: Years 83 | Months 6 | Days | If less than one day ____ hrs. ____ min.

9. Birthplace: Smithsburg Md (Town, county, and state)

10. Usual occupation: House work

11. Industry or business

FATHER

12. Name: Martin Masters

13. Birthplace: Germany

MOTHER

14. Maiden name: Elizabeth Smith

15. Birthplace: Germany

16. Informant: Charles H. Slick

Address: Smithsburg Md

17. ~~Leitersburg~~ Burial Date thereof Dec. 7, 1940 (month) (day) (year)

(Burial, ~~cremation, or removal. Which?~~)

Cemetery or crematory: Leitersburg Reformed Cemetery

Location: Leitersburg Md.

18. Funeral director: Walter Y. Grove

Address: Waynesboro, Pa.

19. Dec 7th 1940 (Date rec'd by registrar) Geo. W. Ferguson local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4, 1940, at 11:40AM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1938, to Dec 4, 1940, and that I last saw her alive on Dec 4, 1940.

Immediate cause of death: Cerebral thrombosis; Generalized arteriosclerosis

Due to

Due to

Other conditions: Chronic myocarditis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Walter L. Wolfinger M. D. or other

Address Smithsburg, Md Date signed 12-6-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

13098

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 mos.
Hospital, institution, or street address where death occurred:
134 Broadway.
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 134 Broadway
(If rural, give LOCATION)
2.(a) If veteran, name war no

3.(a) FULL NAME Earl C. Slocum

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Wife.

6.(b) Name of husband or wife Lu.
6.(c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) Jany 19 - 1875

8. AGE: Years	Months	Days	If less than one day
65	11	2	...hrs. ...min.

9. Birthplace Syracuse - Onondaga N.Y.
(Town, county, and state)
10. Usual occupation Merchant.
11. Industry or business Retired.

FATHER
12. Name Edward Slocum
13. Birthplace Syracuse N.Y.

MOTHER
14. Maiden name Betsey Kenion.
15. Birthplace Syracuse N.Y.

16. Informant Dr Hubert E Slocum.
Address Hagerstown. Md

17. (Burial, cremation, or removal. Which?) Removal. Date thereof Dec 22-1940 (month) (day) (year)
Cemetery or crematory Mass Lake Cemetery
Location Jackson. Michigan.

18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.

19. Dec. 22, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1940, at 9.20 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 3, 1940, to Dec 21, 1940 and that I last saw h... alive on Dec 21, 1940

Immediate cause of death	DURATION
arteriosclerosis	?
Hypertension	?
Due to Coronary occlusion	12/21/40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. L. Porterfield M.D.
M. D. or other
Address 136 W. Washington Date signed 12/22/40

Dr. Porterfield

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

13099

Reg. Dist. No. 307

1. PLACE OF DEATH:
County: Washington
City or town: Park Hall
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life.
Hospital, Institution, or street address where death occurred:
Boonsboro Md. R. 2.
How long in hospital or institution? at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Park Hall
(If outside city or town limits, write RURAL and give nearest town)
Street No. Boonsboro Md. R. 2.
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3. (a) FULL NAME: George Allen Smith

3. (b) Social Security Number: none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: Single.
6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): October 8. 1940

8. AGE:

Years	Months	Days	If less than one day
—	2	10	..... hrs. ..... min.

9. Birthplace: Park Hall - Boonsboro R2.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Calvin Hubert Smith
13. Birthplace: Boonsboro Wash. Co. Md.

MOTHER
14. Maiden name: Anna Louella Stonebarger
15. Birthplace: Boonsboro Wash. Co. Md.

16. Informant: Calvin H. Smith
Address: Boonsboro Md. R. 2.

17. Burial
(Burial, cremation, or removal. Which?) Date thereof: Dec. 21. 1940 (month) (day) (year)
Cemetery or crematory: Zittlestown Cemetary
Location: Zittlestown Wash. Co. Md.

18. Funeral director: Wm. J. Bart & Son
Address: Boonsboro Md.

19. Dec. 21 1940 Mrs. Katherine Degarhart
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 18 1940 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 17 1940 to December 18 1940 and that I last saw him alive on December 18 1940

Immediate cause of death	DURATION
Bronchial Pneumonia	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: G. W. LeVan M.D.
M. D. or other
Address: Boonsboro Date signed: 12/20/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

13100

CERTIFICATE OF DEATH

Reg. Dist. No. 300

1. PLACE OF DEATH:

County Washington

City or town Rural Sharpsburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wash.

City or town Rural Sharpsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME MARGRET ELIZEBETH STONER

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Calvin Stoner

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) July 8, 1876

8. AGE: Years	Months	Days	If less than one day
64	5	20	hrs. min.

9. Birthplace Leitersburg-Wash.- Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Chriss Kaetzel

13. Birthplace Penna.

MOTHER 14. Maiden name Ellen Hemphill

15. Birthplace Penna.

16. Informant Mr. Calvin Stoner

Address Rural Sharpsburg

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-31-1940 (month) (day) (year)

Cemetery or crematory Fair-View

Location Keedysville Md.

18. Funeral director R. I. Earnshaw

Address Keedysville, Md.

19. 12/31 19 40 Elf Boyer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH Dec. 28 19 40, at 10:30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 19 19 40 to Dec 28 19 40.

and that I last saw h alive on Dec 28. 19 40.

Immediate cause of death Chronic Myo-Carditis — DURATION 5 yr (?)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter H. Sheaty M.D.
M. D. or other

Address Sharpsburg, Md. Date signed 12/31/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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BUREAU V.S.

n1

VS A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

13101

CERTIFICATE OF DEATH

Reg. Dist. No. 304.

1. PLACE OF DEATH:

County: Washington

City or town: Hancock, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 80 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hancock
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Main Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: John D. Stottlemyer

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Amanda Stottlemyer

6.(c) If alive, give age: 78 years

7. Birth date of deceased (mo., day, yr.): July 25, 1860

8. AGE:

Years	Months	Days	If less than one day
80	4	23	hrs. min.

9. Birthplace: Hancock- Wash. co., Md.
(Town, county, and state)

10. Usual occupation: Druggist

11. Industry or business

FATHER
12. Name: Robert F. Stottlemyer
13. Birthplace: Wash. Co., Md.

MOTHER
14. Maiden name: Amelia Wolverton
15. Birthplace: Northumberland Co., Pa.

16. Informant: Charles K. Stottlemyer

Address: Hancock, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 22, 1940 (month) (day) (year)

Cemetery or crematory: Presbyterian Cemetery

Location: Hancockl Md.

18. Funeral director: Snyder-Rowland F neral Home

Address: Hancock, Md.

19. 12/22 (Date rec'd by registrar) 1940 T P Jenkins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12-18-40 19 , at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1938, to Dec. 1940 and that I last saw him alive on Dec. 6 1940

Immediate cause of death: Coronary occlusion

Due to: Auricular Fibrillation

Due to: Senility

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: T H Lentles MD. M. D. or other

Address: 134 N Potomac Hagerstown Date signed: 12-19-40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13102

74a

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

71 Madison ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 71 Madison ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Olivetta Stottlemyer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6.(b) Name of husband or wife: Ernest Stottlemyer

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Mar 9-1914

8. AGE:

Years	Months	Days	If less than one day
26	9	14	..... hrs. ..... min.

9. Birthplace: Hagerstown Wash Co. Md.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Robert Dovenberger

13. Birthplace: Hagerstown, Md.

MOTHER

14. Maiden name: Edna

15. Birthplace: Hagerstown Md

16. Informant: Ernest Stottlemyer

Address: Hagerstown, Md

17. (Burial, cremation, or removal. Which?) Burial — Date thereof (month) (day) (year) Dec 26-1940

Cemetery or crematory: Rose Hill

Location: Hagerstown Md

16. Funeral director: E. M. Suter & Sons

Address: Hagerstown Md

19. (Date rec'd by registrar) Dec 26, 1940 — Registrar: Elsie M Bowers

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 23, 1940, at 8:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw her alive on ..... 19.....

Immediate cause of death: Acute Coronary Occlusion — DURATION: 12/23/40

Due to: .....

Due to: .....

Other conditions: .....

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op. .....

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No — Date of .....

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) No

Means of injury None — Injured at work?

23. SIGNATURE: J Robert Wells — DEPUTY MEDICAL EXAM. WASH. CO., MD. — M. D. or other

Address: Hagerstown, Md. — Date signed: 12/24/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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JAN 6 1941
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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

13103

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or ~~town~~: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 74 yr.

Hospital, institution, or street address where death occurred: 306 N. Locust

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or ~~town~~: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 306 N. Locust

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mary E. Stouffer

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband ~~or wife~~: Howard Stouffer

6.(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): Aug 18 - 1866

8. AGE: Years: 74 Months: 4 Days: 8 If less than one day: hrs. min.

9. Birthplace: Hagerstown, Wash Co. Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Hiram Spielman

13. Birthplace: Hagerstown, Md.

MOTHER

14. Maiden name: Mary Hose

15. Birthplace: Hagerstown, Md.

16. Informant: Howard Stouffer

Address: Hagerstown Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Dec 28-1940 (month) (day) (year)

Cemetery or ~~crematory~~: Rose Hill

Location: Hagerstown, Md

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md

19. Dec 27 1940 (Date rec'd by registrar) Chas H Stevens Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/26 1940 at 1230A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1929 to 12/26 1940 and that I last saw her alive on 12/25 1940

Immediate cause of death: Hypertensive & Arterio-sclerotic Cardio Vascular Disease with Coronary Occlusion

DURATION: 10 yrs. 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: F F Lusby M. D. or other

Address: 17 [illegible] Date signed: 12/26/40

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JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

13104

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Maugansville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Fahrney Memorial Home

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME MARGRET ANN SUMAN

3. (b) Social Security Number

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1870

8. AGE: Years 70 | Months 3 | Days 6 | If less than one day hrs. min.

9. Birthplace Keedysville, Wash. Co. Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Lewis Suman

13. Birthplace Keedysville, Md.

MOTHER 14. Maiden name Sarah Eckman

15. Birthplace Keedysville, Md.

16. Informant Mrs. Mary B. Suman

Address Keedysville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-12-1940 (month) (day) (year)

Cemetery or crematory Rest Haven

Location Hagerstown, Md.

18. Funeral director R. H. Earnshaw

Address Keedysville, Md.

19. Dec. 19 1940 (Date rec'd by registrar) Robert H. Boward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1940 at 4:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 6 1940, to Dec 9 1940, and that I last saw h- alive on Dec 9 1940.

	DURATION
Immediate cause of death Myocardial dilitation	12/9/40
Due to Myocarditis chr	?
Arteriosclerosis	?
Due to Hypertension	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. L. Porterfield M.D. M. D. or other

Address 136 W Washington Date signed 12/9/40

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JAN 6 1941
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

CERTIFICATE OF DEATH

13105

Reg. Dist. No. 300

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Sharpsburg Md RFD # 1
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Sharpsburg Md RFD, #1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Sharpsburg Md RFD #1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Susan Ellen Summers

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife Jerimiah Summers deceased
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 10 1849

8. AGE: Years	Months	Days	If less than one day
91	4	21	____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Zachariah Keets
13. Birthplace Md

MOTHER
14. Maiden name Carline Cohanan
15. Birthplace Md

16. Informant John W Summers (Grandson)
Address Sharpsburg Md RFD #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 3 1941 (month) (day) (year)
Cemetery or crematory Tolson Chapel Cemetery
Location Sharpsburg Md
18. Funeral director Edith V Leaf
Address Williamsport, Md

19. Jan 3 1941 (Date rec'd by registrar) Calf Boyer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 25 1940 to Dec. 31 1940, and that I last saw h[illegible] alive on Dec. 31 1940

	DURATION
Immediate cause of death: Broncho-pneumonia	6 Days
Due to: Influenza or Grippe	2 Days
Due to:	
Other conditions: Chronic tonsilitis ?	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Walter H. Shafer M.D.
M. D. or other
Address Sharpsburg, Md Date signed 1/1/41

JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

13106

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: 922 Corbett
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 922 Corbett
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Still Born (Vance)

3. (b) Social Security Number: —

4. Sex: Male
5. Color or race: white
6.(a) Single, married, widowed, or divorced: —
6.(b) Name of husband or wife: —
6.(c) If alive, give age ___ years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: — Months: — Days: — If less than one day ___ hrs. ___ min.

9. Birthplace: Hagerstown, Wash. Co. Md
(Town, county, and state)
10. Usual occupation: none
11. Industry or business

FATHER
12. Name: William Vance
13. Birthplace: Winchester, Va.

MOTHER
14. Maiden name: Mae Wilson
15. Birthplace: not Known

16. Informant: William Vance
Address: Hagerstown, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec. 16-1940 (month) (day) (year)
Cemetery or ~~crematory~~: Rose Hill
Location: Hagerstown, Md.

18. Funeral director: L. F. Reecher
Address: Funkstown, Md

19. Dec 15, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12-15- 1940, at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-13- 1940, to 12-13- 1940 and that I last saw ~~alive~~ on 12-15-40 19

Immediate cause of death	DURATION
Still born (full term)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Hagerstown Md Date signed: 12/15/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13107

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Wash

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No.: 121 W. Antietam St (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Unnamed child of Leroy Weddle

3. (b) Social Security Number: —

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Dec 4, 1940

8. AGE: Years — Months — Days — If less than one day ... hrs. — min.

9. Birthplace: Hag. Wash. Md. (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Leroy Weddle
13. Birthplace: Hagerstown Md.

MOTHER
14. Maiden name: Marie B. Kiefer
15. Birthplace: Hagerstown Md.

16. Informant: Leroy Weddle

Address: Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 5 1940 (month) (day) (year)

Cemetery or crematory: Rest Haven.

Location: Hagerstown Md.

16. Funeral director: Scott F Minnich & Son

Address: Hagerstown Md.

19. Dec. 5, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 4 1940, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ...

and that I last saw h... alive on ... 19 ...

Immediate cause of death: Still born

DURATION

Due to: Intra uterine death

Due to: Intra uterine asphyxia (Foetus macerated)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Curtis Baptista Jr. M.D. (M. D. or other)

Address: 214 N. Potomac St. Date signed: 12-5-40

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BUREAU V. S.

13108

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94a)

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 43 years

Hospital, institution, or street address where death occurred: 917 Spruce St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 917 Spruce St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Hunter Comly Weigel

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Katharine H.

6.(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.): September 13, 1881

8. AGE:

Years	Months	Days	If less than one day
59	2	19	hrs. min.

9. Birthplace: Unknown
(Town, county, and state)

10. Usual occupation: Nurseryman

11. Industry or business: Nursery

FATHER
12. Name: Cyrus H. Weigel
13. Birthplace: Unknown

MOTHER
14. Maiden name: Bethany Schooley
15. Birthplace: Unknown

16. Informant: Mrs. Katherine H. Weigel
Address: Hagerstown Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec 5-1940
(month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: Scott F. Minnich & Son
Address: Hagerstown Md.

19. Dec 4, 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 2 1940, at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 15 1940, to 12/2 1940 and that I last saw him alive on 12/2 1940

Immediate cause of death	DURATION
Coronary occlusion	11/5-1940
Due to (?)	
Due to (?)	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations: — none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Victor D. Miller
M. D. or other

DR. VICTOR D. MILLER,
Address 131 W. WASHINGTON ST.
HAGERSTOWN, MD.

Date signed 12/3-1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

13109

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington

City or town Rural Mason and Dixon, Pa. R F D

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 weeks

Hospital, Institution, or street address where death occurred:

Rural- Mason and Dixon, Pa.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 144 High Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Annie Myrtle Williams

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife Jonathan Jacob Williams

6.(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
66	3	15	hrs. min.

9. Birthplace Washington County, Md. (Town, county, and state)

10. Usual occupation Home Work

11. Industry or business

FATHER 12. Name George Kriner

13. Birthplace Wash. Co., Md.

MOTHER 14. Maiden name Julia Koon

15. Birthplace Washington Co., Md.

16. Informant Jonathan J. Williams

Address 144 High St.- Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 9, 1940 (month) (day) (year)

Cemetery or crematory Salem Reformed Cemetery

Location Cearfoss Pike- Hagerstown R D

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Dec 7 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1, 1940, to Dec. 7, 1940

and that I last saw h[illegible] alive on Dec. 7, 1940

	DURATION
Immediate cause of death Chronic Myocarditis	10 years
Due to Embolism Popliteal artery	4 days
Due to M. Leg (Popliteal)	
Due to	
Other conditions Arteriosclerosis	10 years

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Homer Dyeger M. D. or other

Address Hagerstown, Md. Date signed Dec. 7, 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

13110

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: 14 East Lee
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 14 East Lee
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Richard W. William

3.(b) Social Security Number: 217-16-2616

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife: —
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Apr 21-1922

8. AGE:

Years	Months	Days	If less than one day
18	7	29	hrs. min.

9. Birthplace: Hagerstown Wash. Co. Md. (Town, county, and state)
10. Usual occupation: at School
11. Industry or business

FATHER
12. Name: Elmer E. William
13. Birthplace: Hagerstown, Md.

MOTHER
14. Maiden name: Ruth a. Hooper
15. Birthplace: Carroll Co. Md

16. Informant: E. E. William
Address: Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 22-1940 (month) (day) (year)
Cemetery or crematory: Burns Hill
Location: Waynesboro Pa.
18. Funeral director: C. M. Suter & Sons
Address: Hagerstown Md

19. Dec. 21, 1940 Chas. H. Bowers
(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/20 19 40, at 12:30 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 11/8 19 40, to 12/20 19 40
and that I last saw h[illegible] alive on 12/14 19 40

Immediate cause of death: Pneumonia Lobar Typett — DURATION: 6 wks
Due to: Pneumococcic Endocarditis — 6 wks
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: None — Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: F. F. Lusby M. D. or other
Address: 170 W. Main St. Date signed: 12/21/40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

CERTIFICATE OF DEATH

13111

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Wash. Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Beaver Creek Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None.

3. (a) FULL NAME William Henry Witmer

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife Single

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November - 17 - 1860

8. AGE: Years	Months	Days	If less than one day
80	1	4	hrs. min.

9. Birthplace Beaver Creek Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business General Store

FATHER 12. Name Milton Witmer

13. Birthplace Beaver Creek. Wash. Co. Md.

MOTHER 14. Maiden name Sarah Ann Foltz.

15. Birthplace Beaver Creek. Wash. Co. Md.

16. Informant Dr. Joseph Witmer

Address Beaver Creek Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 23. 1940 (month) (day) (year)

Cemetery or crematory Beaver Creek Cemetary

Location Beaver Creek Md.

16. Funeral director Wm. D. Bast & Son

Address Boonsboro Md.

19. Dec 22, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1940, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 17 1940 to Dec 21 1940, and that I last saw h[illegible] alive on Dec 21 1940.

Immediate cause of death	DURATION
acute Peritonitis	4 days
Due to Carcinomas of Sigmoid & Colon	1 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. A. Noble M. D. or other

Address Smithsburg Date signed 12/22/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

13112

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Chewsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 yrs.

Hospital, institution, or street address where death occurred: Caretown Pike

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Chewsville (If outside city or town limits, write RURAL and give nearest town)

Street No. Caretown Pike (If rural, give LOCATION)

2.(a) If veteran, name war no

3.(a) FULL NAME Jacob Thomas Wolfe

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife Rosa E

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 14 - 1848

8. AGE: Years 92 | Months 1 | Days 7 | If less than one day ..... hrs. ..... min.

9. Birthplace Chewsville Washco Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER
12. Name Jos. Wolfe
13. Birthplace Chewsville Md.

MOTHER
14. Maiden name Kath. Thomas
15. Birthplace Chewsville Md

16. Informant Mrs C.H. Rinehart

Address Chewsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 23-1940 (month) (day) (year)

Cemetery or crematory Smithsburg County

Location Smithsburg Md.

18. Funeral director Andrew K Coffman

Address Hagerstown Md.

19. Dec. 21, 1940 (Date rec'd by registrar) Chas H Powers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1940, at 1:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Dec 21 1940 and that I last saw him alive on Dec 21 1940

Immediate cause of death: Acute Nephritis + Anuria — DURATION 20 days

Due to: Prostatic Hypertrophy Arterio Sclerosis — 3 yrs

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE G. G. Kohler M. D. or other

Address Smithsburg Date signed 12/21/40

D. Kohler.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170 C)

CERTIFICATE OF DEATH

13113

Reg. Dist. No. 301

1. PLACE OF DEATH:
County: Washington County
City or town: Williamsport, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 6 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Williamsport, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Fenton Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Nora May Zimmerly

3. (b) Social Security Number:

4. Sex	5. Color or race	6. If single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: Child
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 29 1934

8. AGE: Years	Months	Days	If less than one day
6	10	25	hrs. min.

9. Birthplace: Williamsport, Md (Town, county, and state)
10. Usual occupation: School Child
11. Industry or business

FATHER
12. Name: John William Zimmerly
13. Birthplace: Williamsport, Md

MOTHER
14. Maiden name: Mary Virginia Miller
15. Birthplace: Williamsport, Md

16. Informant: Mary V. Miller
Address: Fenton Ave. Williamsport, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 27 1940 (month) (day) (year)
Cemetery or crematory: Riverview Cemetery
Location: Williamsport, Md
18. Funeral director: Edith V Leaf
Address: Williamsport, Md

19. Dec 27 1940 (Date rec'd by registrar) Mrs E Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 24 1940 at 10.50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Open Fracture Skull (Large)	12-24-40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of 12-24-40
Where did injury occur? Williamsport (City or town) Wash. (County) Md. (State)
Injured at home, farm, industry, public place (where?): Road
Means of injury: Ran over by truck Injured at work?

23. SIGNATURE: D. Robert Wells Deputy Med. Exam. Wash. Co. M. D. or other
Address: Hagerstown, Md. Date signed 12-24-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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JAN 2 1941
BUREAU V. S.